

EMPLOYEE PROCEDURES MANUAL

State Department of Education

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6. DESK MANUAL

Acknowledgement

We want to acknowledge and thank members of the SDE Employee Procedures Manual Action Team, chaired by Sally Bartlett. Their understanding of the “why” and “how” of critical departmental procedures was essential to preparing this reference work. As an adjunct to the SDE’s Organizational Improvement Council, this team carefully reviewed, assembled, and clarified the documentation that forms the on-going record-keeping of agency operations. We appreciate their hard work and commitment.

Introduction

The State Department of Education's **Employee Procedures Manual** is an internal reference work intended to ensure that all SDE employees understand the correct way to prepare and submit documents, to obtain required signatures, and to use portions of agency-selected software.

Correct documentation is important for several reasons. It provides clear internal tracking of agency spending. It ensures compliance with relevant state and federal laws, policies, and grant conditions. It provides an internal check-and-balance system that gives supervisors a way to monitor travel, purchases, and other uses of time and funds. And it gives the SDE's staff the information records necessary to prepare accurate, timely, and appropriate responses as part of the regular state and federal audits of the department and its programs.

The manual was prepared for use during the new employee orientation process and as an on-going reference for all SDE personnel. This manual is a living document, which means that procedures can be added, altered, or deleted as necessary. It will be updated as needed, either by e-mail notification or by distribution of replacement pages.

Any proposed change to the manual must be sent in writing to the Organizational Improvement Council (OIC), who will direct the proposed change to the appropriate action team. Once the action team decides on the course of the proposed procedure change, that recommendation will go back to the OIC for approval or disapproval. If approved, the amendment to the manual will be sent out to employees for insertion in their manuals.

Taken together, the **SDE Employee Procedures Manual** and the **SDE Employee Policies Handbook** provide a wealth of information on policies and procedures for both new and continuing SDE employees. We encourage you to review these manuals as necessary, to familiarize yourself with the materials, and to make suggestions for future improvements.

EMPLOYEE SECTION

New Employee Orientation

Orientation is mandatory for all new employees.

Human Resources will be responsible to contact all the “trainers” to set up a schedule.

Approximately ½-day training will be offered in the following areas:

<p>Human Resources New employee manual given out (Policy Manual, Procedure Manual, Orientation tabs)</p> <ul style="list-style-type: none"> • New Employee Documents: W-9, insurance, etc. • Time Sheets <ul style="list-style-type: none"> -On-line time sheet & pay stubs -Direct Deposit -Time codes • SDE Intranet website • Keys • Employee Identification • Employee Parking Permit 	<p>Bureau of Technology Services Logging into the Network</p> <ul style="list-style-type: none"> • Policy on use of state equipment for personal use • File structure • Phones <ul style="list-style-type: none"> -Setting up a voice mail box -Accessing voice mail • GroupWise <ul style="list-style-type: none"> -Calendar – Internet/Intranet -Busy search -Scheduling an appointment -Conference Rooms • Enterprise conference call system • Intro to the SDE web page • Help desk • Off-site access to voice mail and e-mail
<p>Facilities Management (walking tour)</p> <ul style="list-style-type: none"> • Building layout and schedule <ul style="list-style-type: none"> -Print shop -Supply room -Recycle barrels -Paper shredder • Mail boxes – assignments • Parking <ul style="list-style-type: none"> -Location to get visitor permits -Parking lot locations • Security & emergency procedures • Maintenance Issues • Name plates for door/desk • Tunnel <ul style="list-style-type: none"> -State Print Shop -Security -State Mail Room -Off-site conference rooms 	<p>Policies and Procedures</p> <ul style="list-style-type: none"> • Travel • Memorandum of Agreement • Purchase Orders (including supplies not in supply room) • Direct Billing • Comp Time • Index Codes – what are they, how are they linked • Mailing charge forms (USPS, FedEx, etc.) • Structure of department, organizational chart, chain of command • Copier Codes • Who to contact in case of further questions/problems • Cell Phones • Business cards • Credit cards

Procedure for Getting Employee Identification Badges

WHY DO WE NEED TO GET EMPLOYEE IDENTIFICATION BADGES?

State employees (especially those working in the Capitol Mall area) are required to get identification badges, both for working in the area as well as getting into the SDE's office building.

WHEN DO WE GET EMPLOYEE IDENTIFICATION BADGES?

Identification badges are issued to new employees within the first several days of their employment.

HOW DO WE GET EMPLOYEE IDENTIFICATION BADGES?

An employee identification badge is issued by the state's Security Services. Once the Human Resources specialist completes the appropriate form on the first day of the employee's job, the employee can walk over to the Security Services Office and have a picture identification badge made. Especially during the legislative session, it is important that all employees wear their badges at all times while at work

Procedure for Getting Parking Permits

WHY DO WE NEED TO GET AN EMPLOYEE PARKING PERMIT?

State employees (especially those working in the Capitol Mall area) are required to get a parking permit if they want to park in any of the state parking lots. The cost is \$5 per month, and is a payroll deduction; however, employees may park on the streets around the Capitol Mall area for free.

WHEN DO WE GET AN EMPLOYEE PARKING PERMIT?

An employee parking permit can be issued within the first several days of employment.

HOW DO WE GET AN EMPLOYEE PARKING PERMIT?

An employee parking permit is issued by the state's Building Services. The permit can be requested online through the Department of Administration and is sent to the new employee by Statehouse Mail the same day. The online information required includes the state agency of employment, the type of car(s), and the license plate(s) of the car(s).

I-Time

WHY DO WE DO I-TIME?

I-Time is Idaho's state government time entry system, designed to make the payroll process for State of Idaho employees more efficient and accurate.

WHEN DO WE DO I-TIME?

State of Idaho employees are paid every two weeks. A time sheet is completed every other Friday using the I-Time system.

HOW DO WE DO I-TIME?

Employees enter and submit their time using an electronic time sheet. The time sheet is internally routed to a reviewer or approver to be processed. Approved time sheets are reviewed again by the Central Payroll Office of each state agency and transmitted to the State Controller's Office's Employee Information System (EIS).

LOGGING ON TO I-TIME

Go to www.sco.state.id.us

Click on the On-line log on button in the lower left corner – this screen will appear.



User Name – is not case sensitive and is your name as it is listed on the state's payroll system.

Agency Code – a three digit number that identifies your agency. If you do not know this number you can select your agency by name from the drop down menu. The SDE's code is 170.

Password – is case sensitive, must be at least 6 characters, and can be alpha numeric.

User names and passwords are sent to employees from the Controller's office when they are originally hired, transfer to a new agency, or change their name.

What to do if you have misplaced or forgotten your user name and password:

From your state issued email send a request to scohelpdesk@sco.state.id.us. For security purposes the HelpDesk will only accept state issued emails.

In the email ask the HelpDesk to reset your password and send your user ID.

If you do not have a state issued email, the request must come from your security administrator. There is a link to these administrators on the logon screen.

After logging on, this screen will appear; click on I-Time.

Application Selection Menu

Bookmark this page for quick access

You will only be able to access those applications you have been authorized to use.
If you do not have authorization to enter an application that you wish to,
contact your agency security administrator.

Logoff

When you are finished using the applications,
please logoff to disconnect your secure connection.

[Declare State Surplus Property](#)

[Employee Self-Service](#)

[GAAP Closing Packages](#)

[IBIS](#)

[I-POPS](#)

[I-TIME](#)

[Online Reporting](#)

[P-Card Accounting](#)

[Pay Stubs](#)

[Travel Express](#)

[Vendor Maintenance](#)

Change your password the first time you log on the Application Selection Menu.
Passwords are case sensitive and must be a minimum length of 6 characters.
You should use a combination of alpha and/or numeric and
upper and/or lower case characters.

Change Password

GENERAL INFORMATION

I-Time will open to a screen similar to the one shown below.

The buttons on the left are for navigation. The employee's time entry screen is on the right. The navigation buttons will be different depending on your employee classification.

Employee – all state employees will have the navigation buttons shown below. They will be able to enter time and view their own completed time sheets.

Reviewers, Approvers, Time Entry Techs and Time Entry Assistants – have the navigation buttons shown below and also a button to review and approve time sheets.

Central Payroll Office (CPO) – are able to do all the functions of the system and will have an array of navigation buttons.

The screenshot shows the I-Time system interface. On the left is a dark blue sidebar with navigation buttons: 'Enter Time', 'View/Print Reports', 'Review Time Sheet', 'Applications Menu', 'Log Off', 'Help', and 'SCO Notice'. The main area is white with a dark blue header bar containing the date '11/21/2005' and buttons 'Save', 'Submit', 'Comments', and 'Reset'. Below the header, there are links for 'Top', 'Bottom', 'Leave Balances', 'Week One', 'Week Two', 'Overrides', and 'Status'. A red bar separates the header from the main content. The main content area has fields for 'Pay Period' (11/20/2005 to 12/03/2005), 'Pay Date' (12/16/2005), 'Employee Name', 'Pay Location', 'Position', and 'TEL Name'. Below these is a section for 'Leave Balances' showing 'Your Leave Balances as of 11/19/2005 are:' with a table for SIC, VAC, EAL, COMP, and OCH. The 'Week One' section shows a table for time entry with columns for days of the week and a 'Total' column. The table has four rows for time entry and a 'Totals' row at the bottom.

Select To Delete	Time Code	Sun 11/20	Mon 11/21	Tue 11/22	Wed 11/23	HOL Thu 11/24	Fri 11/25	Sat 11/26	Total	Index
<input type="checkbox"/>	[dropdown]								0.0	[dropdown]
<input type="checkbox"/>	[dropdown]								0.0	[dropdown]
<input type="checkbox"/>	[dropdown]								0.0	[dropdown]
<input type="checkbox"/>	[dropdown]								0.0	[dropdown]
Totals:		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

GENERAL FEATURES

Comments – If you click on the Add Comments link a text box will appear which will allow you to add comments. The number of characters is unlimited and there is no spell check. Once this box is saved the comment that has been added cannot be deleted.

Locked Document – Whenever someone is editing a time sheet, that sheet will be locked to all other users. Others will be able to view the time sheet but will not be able to edit, approve or upload it.

Navigation – Throughout I-Time you can tab between fields or point and click with the mouse. The instructions use the two methods together.

EMPLOYEE SECTION

The picture shown below is a navigation row. By clicking on any of these words you will be redirected to that portion of the page. You can also scroll to the section, using the scroll bar on the right side.

[|Top|](#) [|Bottom|](#) [|Leave Balances|](#) [|Week One|](#) [|Week Two|](#) [|Overrides|](#) [|Status|](#)

TERMS

Cost Accounting: The designation of funds to a specific Index Code.

Leave Balance: These balances are specific to each employee and are updated each payroll.

SIC = Sick

VAC = Vacation

EAL = Earned Administrative Leave

Comp = Compensation time earned for overtime

OCH = On Call Hours.

Pay Date: The date you will be paid for the time that is being entered. This is not the next pay date; there is a two-week lag time, from when the time is worked until it is paid.

Pay Period: The two-week period that time is being reported for. Dates are displayed at the top of each week on the time sheet.

Pay Location: Agency designations to identify where a person works.

PCA: Defines where the funding for time will be charged. Additional identifiers are Index, Grant and Project.

Position Information: Your Position Control Number and a description of the position.

Time Code: Designates the type of time a user is claiming on the time sheet.

ACT is actual time worked.

EMPLOYEE SECTION

ENTERING TIME

Cost Distribution Time Sheet

Timesheets look like the one shown below. The time sheet will default to one line of ACT time for each index code the employee has.

Employee Information

Underneath the navigation row is a summary of information for the employee.

It shows:

- Pay period and pay date.
- Employee name and agency.
- Pay location and position.
- Current leave balances. Do not enter more hours than you have available for SIC, VAC, EAL, CPT and OCH.

11/21/2005

[\[Save\]](#) [\[Submit\]](#) [\[Comments\]](#) [\[Reset\]](#)

[\[Top\]](#) [\[Bottom\]](#) [\[Leave Balances\]](#) [\[Week One\]](#) [\[Week Two\]](#) [\[Overrides\]](#) [\[Status\]](#)

Pay Period: 11/20/2005 to 12/03/2005 Pay Date: 12/16/2005
Employee Name: [REDACTED] Pay Location: [REDACTED]
Position: [REDACTED] TEL Name: [REDACTED]

Leave Balances

Your Leave Balances as of 11/19/2005 are:

SIC: 192.3	VAC: 27.3	EAL: 0	COMP: 0	OCH: 0
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Week One

Select To Delete	Time Code	Sun 11/20	Mon 11/21	Tue 11/22	Wed 11/23	HOL Thu 11/24	Fri 11/25	Sat 11/26	Total	Index
<input type="checkbox"/>	ACT								0.0	
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
Totals:		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Click on the first line of time where it asks for time type

EMPLOYEE SECTION

Week One

Select To Delete	Time Code	Sun 11/20	Mon 11/21	Tue 11/22	Wed 11/23	HOL Thu 11/24	Fri 11/25	Sat 11/26	Total	Index
<input type="checkbox"/>	ACT								0.0	
<input type="checkbox"/>	ACT								0.0	
<input type="checkbox"/>	EAT								0.0	
<input type="checkbox"/>	CPT								0.0	
<input type="checkbox"/>	VAC								0.0	
	SIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	MDA									
	HOL									
	HOA									
	ADT									
Select To Delete	FML									
	FMS									

Week Two

Select your type of time

Selecting a time code can be done by typing the time code (type ahead feature is in place), or by clicking on the down arrow and selecting by scrolling through the list

For additional information on what the time codes represent click on the small down arrow to the right of the time displayed. A box with details will be displayed. It will be similar to this box.

Week One

Select To Delete	Time Code	Sun 11/20	Mon 11/21	Tue 11/22	Wed 11/23	HOL Thu 11/24	Fri 11/25	Sat 11/26	Total	Index
<input type="checkbox"/>	ACT								0.0	
<input type="checkbox"/>	ACT								0.0	
<input type="checkbox"/>	EAT								0.0	
<input type="checkbox"/>	CPT								0.0	
<input type="checkbox"/>	VAC								0.0	
	SIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	MDA									
	HOL									
	HOA									
	ADT									
Select To Delete	FML									
	FMS									

https://ipops2.sco.state.id.us - I-Time - Microsoft Inter...

- ACT ACTUAL HRS WORKED
- EAT EAL TAKEN
- CPT COMP TIME TAKEN
- VAC VACATION LV TAKEN
- SIC SICK LEAVE TAKEN
- MDA MEDICAL APPT
- HOL HOLIDAY PAY-NOT WKD

Cancel Select

Week Two

Highlight the time code and click Select.

Tab to the first day you worked and enter the number of hours worked.

You can enter 8 or 8.0. If you enter 8 and press tab the system will enter it as 8.0. If you worked 4.25 hours the system will only accept one decimal place (for example, 4.2).

Continue entering time and tabbing through each day, entering the Time Designated for that time code.

The hours will total at the end of the row and the bottom of the column. This allows you to verify your hours.

Tab past the total for the row and verify the Index field is correct. If it is not correct or needs to be overridden enter the correct Index.

EMPLOYEE SECTION

Selecting an Index can be done by typing the number in (type ahead feature is in place), or by clicking on the down arrow and selecting by scrolling through the list

For additional information on what the Index codes represent click on the small down arrow to the right of the time displayed. A box with details will be displayed. It will be similar to this box.

Week One

Select To Delete	Time Code	Sun 11/20	Mon 11/21	Tue 11/22	Wed 11/23	HOL Thu 11/24	Fri 11/25	Sat 11/26	Total	Index
<input type="checkbox"/>	ACT								0.0	0105
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	

Total	Index
0.0	
0.0	
0.0	
0.0	

0105 2001 ICA ART INSTITUTE
0205 2002 ICA ART INSTITUTE
0380 2003 HACCP TRAINING
0402 2004 DRUGFREE GRADUATIONS ADMIN
0404 2004 DRUGFREE GRAD FLOWTHROUGH
0410 2004 IHC WRITING PROJECT WHITTENBERGER
0415 2004 CIVITAS AFRICA

Cancel Select

Highlight the Index and click Select.

Additional lines of time

Tab to the next line to enter additional types of time or more distributions for the type of time previously entered.

Select the Time Code from the drop down menu.

A Time Code can appear on multiple lines to allow for distribution to more than one Index.

For a complete list of Time Codes, please go to Common Codes, Earnings Codes – Time Codes under the I-Time Help menu.

A few of the common codes are:

VAC – Vacation Taken

SIC – Sick Leave Taken

HOL – Holiday Pay (State holidays will be identified by a red box on the day you enter these hours). There are different time codes if you work on the holiday, depending on your FLSA codes.

MDA – Medical/Dental Appointment

CPT – Comp time taken

EAT – Earned Leave Taken

EMPLOYEE SECTION

For each additional line of time tab across and enter the time in the manner described above

When all time is entered for week one, click on week two and repeat the time entry process.

Week Two

Select To Delete	Time Code	Sun 11/27	Mon 11/28	Tue 11/29	Wed 11/30	Thu 12/01	Fri 12/02	Sat 12/03	Total	Index
<input type="checkbox"/>	ACT		8.5	7.5	8.0	10.0	6.0		40.0	0402
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
<input type="checkbox"/>									0.0	
Totals:		0.0	8.5	7.5	8.0	10.0	6.0	0.0	40.0	

Making Corrections

If a line is entered in error and needs to be deleted, click on the delete line box next to the line you want to delete.

Time codes can be corrected by selecting the correct earnings code.

Correct hours by clicking in the appropriate box, deleting the current information, and typing in the correct number.

Corrections can be made until the timesheet has been saved and submitted.

Total Hours

Hours for both weeks will be totaled under week two

TOTAL HOURS THIS TIME CARD =	80.0
-------------------------------------	------

Overrides

Employees can only override their Shift indicator. A numeric value needs to be entered to override for either the first week, second week, or both weeks. This will override your record only for the pay period you are entering.

Available Overrides:

0 = Not eligible for both weeks.

1 = Eligible for week one, Not eligible for week two.

2 = Eligible for week two, Not eligible for week one.

3 = Eligible for both weeks.

If left blank = Default to the employee's record

Overrides

	EAL		OVT		Shift	
Override Weeks:	0 = No For Either Week			3 = Yes For Both Weeks		
	1 = Yes For Week 1 Only			Blank = Default To Employee's Record		
	2 = Yes For Week 2 Only					

EMPLOYEE SECTION

Submit your time

You have the options to:

Save – will allow you to enter time or make changes later

Submit – will submit the time sheet as it is, and send to the reviewer or approver. Changes can no longer be made after a submit has been done.

Reset – will not save any changes you have made

|Save| |Submit| |Comments| |Reset|

LOG OFF

Click Log Off in the navigation bar to the left.

If you need to go to another State Controller's Office application, click on Applications Menu in the navigation bar to the left.

You will be able to view this timesheet until it is uploaded by EIS.
You will be able to make changes until your time sheet has been approved.

STATUS

At the bottom of the page, a status section will allow you to view where your time sheet is in the approval process. The status section will look like the picture below:

Employee Signature

Signed by JERRI ZOLBER-270 at 9/23/2002 3:59:59 PM

Supervisor Signature

Signed by CAMERON GILLILAND-270 at 9/23/2002 4:07:34 PM

Status

Status	Originator	Current Approver	Last Routed
Awaiting Completion	JERRI ZOLBER-270	CPO	09/23/2002 04:07:34 PM

Timestamp	Audit Trail
09/23/2002 03:44:40 PM	JERRI ZOLBER-270 - Created
09/23/2002 03:59:59 PM	JERRI ZOLBER-270 - Saved and Submitted
09/23/2002 04:07:34 PM	CAMERON GILLILAND-270 - Approved

Information on the Status Fields:

Status will be: Blank
Awaiting Approval
Awaiting CPO Completion
Awaiting Release
Archived

Originator - the person who created the time sheet.

Current Approver – the person who needs to sign the time sheet.

Last Routed - the last time an action was taken on the time sheet.

Timestamp & Audit Trail – what action was taken, who did the action, and when.

Guidelines for Emergency Procedures

WHY DO WE NEED TO EVACUATE THE BUILDING?

Evacuation of the building and subsequent gathering at the assembly points allow the emergency coordinator to inform security and fire personnel that all SDE staff are or are not accounted for.

WHEN DO WE EVACUATE THE BUILDING?

Employees must leave the building when the fire alarm sounds continuously for longer than two seconds.

HOW DO WE EVACUATE THE BUILDING?

In the event of an emergency, calmly proceed down/up the nearest stairwell and outside to your designated assembly area. Do not use the elevators. If it is obvious your assembly area is not safe, report to the closest alternate site. When you reach the assembly point, check in so the area monitor can be sure everyone is out of the building and safe. If a coworker is traveling and/or you know someone is not in the building on that day, please report that information also.

If you need assistance evacuating the building, please tell your area monitor. The area monitor will either escort you to the east end stairwell area (between the two fire doors) or designate someone to escort you. The area monitor will then report your location to the floor monitor, who will inform security of your need for assistance.

The following information is excerpted from *Guidelines for Emergency Procedures in State Offices*. The complete pamphlet can be obtained from Capitol Mall Security (phone 334-2222).

FIRE EVACUATION PROCEDURES

1. If you discover a fire or signs of smoke, go immediately to the nearest fire alarm and pull the lever down until it engages and the alarm sounds. Evacuate the building by way of stairways or as directed by your floor monitor. **Do not use the elevators!**
2. When you hear the fire alarm, evacuate the building following the fire evacuation plan for your floor. **Do not panic!**
3. As you leave your area, look for any suspicious packages or boxes. If any are noted, report their presence to an emergency team member.
4. After clearing the building, you should leave the immediate area. Do not loiter around the building or in the lobby area. Go directly to an assembly area, usually across the street or in parking lots well away from the building, and wait for further instructions.
5. When the "all clear" has been announced, return to your work area.

ELEVATORS

When the fire alarm sounds, most elevators will return to the ground floor. If you are in an elevator at that time, **do not push the emergency stop switch.**

Do not attempt to use elevators after the fire alarm has sounded. They may not be operating.

EVACUATION FOR HANDICAPPED PERSONS

Each handicapped occupant should be provided evacuation assistance during an emergency. The evacuation coordinator should assign individuals to assist the handicapped.

1. The evacuation coordinator or an evacuation assistant and the Fire Department will assist you in evacuating the building.
2. Go to the nearest designated "safe zone" and wait for assistance.
3. Your evacuation assistant should remain with you at all times.

MEDICAL EMERGENCIES

1. In the event of a serious medical emergency (heart attacks, extreme pain, etc.) telephone the emergency number 911. Give them:
 - a. Building name and address.
 - b. Floor and room number.
 - c. Type of apparent injury.
2. Alert the State Superintendent and the evacuation coordinator. Call Capitol Mall security, 334-2222, and alert them to the situation. They can direct medical personnel to your general location.
3. Have someone go to the elevator lobby of your floor to guide the responding unit to your immediate location.
4. **REMEMBER!!!** Aid is on the way. Remain at the scene. The person reporting the emergency would probably have the most information to give to the aid unit.

EARTHQUAKES

1. **Upon first feeling earthquake, do not run outdoors.** Many people are injured in earthquakes while trying to exit a building. Take shelter under desks, tables or other such objects that will give protection against falling glass, electrical wires or other debris that may cause hazardous conditions. Wait for evacuation instructions.
2. **Do not leave cover** until ordered to do so by persons having authority. Many buildings are designed to withstand the tremors of an earthquake and after shocks.
3. If evacuation is necessary, evacuation procedures will be announced by the evacuation coordinator or other person in authority. Fire evacuation procedures will be followed.

EXPLOSION

1. Take cover under desks, tables or other such objects that will give protection against flying glass or debris.
2. After the explosion, call 911 giving the building location, floor, and conditions.
3. Evacuate area as directed by your evacuation coordinator or other person in authority. Use same evacuation procedures as for a fire.

Procedure for Partial Reimbursement of Cell Phones

WHY DO WE ALLOW PARTIAL REIMBURSEMENT OF CELL PHONE COSTS?

Traveling State Department of Education employees are eligible to receive partial reimbursement for cell phone costs, assuming the employee's personal cell phone is used for business also (roughly 50% of the time). Employees being partially reimbursed are required to give their cell phone numbers out to other SDE employees as well as to SDE customers.

WHEN DO WE ALLOW PARTIAL REIMBURSEMENT OF CELL PHONE COSTS?

Reimbursement is made monthly, based on the employee's actual monthly bill. The SDE will reimburse the employee up to \$30 each month, assuming the employee's bill is at least \$30. Long distance charges and roaming charges that are business related (and initialed as business related by the employee) will be reimbursed over and above the \$30. No additional reimbursement is given for the employee's going over plan minutes.

HOW DO WE GET PARTIAL REIMBURSEMENT OF CELL PHONE COSTS?

A blanket purchase order is completed by the traveling employee's assistant, estimating on a state fiscal year the total cost of the \$30 per month plus any possible long distance and/or roaming charges. Once properly signed, the purchase order is processed through Accounting and copies are kept in Accounting and used monthly to process the payment to the employee based on the employee's submission of an invoice monthly. Only the front page of the invoice is necessary.

Procedure for Ordering Business Cards, Office Name Plates, and Magnetic Name Tags

WHY DO WE NEED TO HAVE BUSINESS CARDS, NAME PLATES AND NAME TAGS?

Business cards are necessary for providing our customers the service we know we can do. Passing out business cards or sending out business cards helps our customers identify who we are and what we do. The same is true with office name plates and magnetic name tags. Office name plates make identification easier when customers come to the building and magnetic name tags allow employees to go into other arenas and be easily identified as SDE employees.

WHEN DO WE USE BUSINESS CARDS, NAME PLATES AND NAME TAGS?

These items allow us to provide better service to our customers by letting them know who we are, where we are, and what we do.

HOW DO WE GET BUSINESS CARDS, NAME PLATES AND NAME TAGS?

- Business cards are ordered on a purchase order either from the Boise State University Print Shop or from Stylart. There is a standard SDE seal in the upper left corner and a standard format for the front of the card. The card letter is in blue lettering. The SDE's mission statement can be put on the back of the card if the employee wishes.
- Office name plates are ordered on a purchase order from the Boise State University Print Shop. There is a standard format for this name plate and the print shop has the specifications for this.
- Magnetic name tags are ordered on a purchase order from ABC Stamp. There is a standard format for the SDE and this vendor can produce the specifications for the tag.

Procedure for Getting Building Office Keys

WHY DO WE NEED TO GET AN OFFICE KEY?

A number of SDE employees are issued keys to an office or offices in the building. Having a key allows the employee to get into an office earlier than normal office hours or on weekends or holidays.

WHEN DO WE GET AN OFFICE KEY?

An employee may be issued an office key if the employee's bureau chief determines that the issuance of a key is necessary as a part of the employee's job assignment.

HOW DO WE GET AN OFFICE KEY?

An employee who feels he or she needs an office key may make a request of his or her bureau chief for an office key. That request, if approved by the bureau chief, is then passed on to the Human Resources office to be sure the issuance of a key is necessary. If the request is approved, a key will be requested from Capital Mall Security and issued to the employee.

NOTE: Report lost or stolen keys to Human Resources.

Fee Waiver Form — Sample Form

STATE DEPARTMENT OF EDUCATION Request to Attend Classes with Waiver of Fees Boise State University			
Student Social Security Number	1	2 Semester	3 Year
Student's Name	4	5 Employee Spouse	
<small>(Please print or type)</small>			
Home Address	6		
The following information must be provided:			
Subject & Catalog Number (ENBL 101)	Title of Class	No. of Units	Hours of Class
7	8	9	10

<p>The employee signing this request certifies that s/he has read the Fee Waiver Policy as printed on the reverse side of this form, and authorized the Department of Human Resources to access information related to employee registration and academic records at Boise State University.</p> <p>A fee waiver cannot be processed until the student has completed the admissions process.</p> <p>Employee must have supervisory approval to attend classes taken during working hours.</p>	<p>Describe how time will be made up for courses taken during working hours that are not job related:</p> <p style="text-align: center;">11</p> <p>Working hours 12</p> <p>Days worked 13</p>
--	---

Employee's Signature	14	Date:	15
Program	16	Phone:	17
Supervisor's Signature	18	Date:	19
Signature	21	Date:	22
<small>Chief Deputy Superintendent, Department of Education</small>			
Phone: 208-332-6810	Fax: 208-332-6836	Mail: P. O. Box 83720, Boise, ID 83720-0027	
20			
<small>___ SDE Approved ___ SDE Disapproved</small>			
<p>It is your responsibility to provide ALL of the above information. Failure to do so will delay processing of the fee waiver.</p> <p>Please allow 5 working days for processing.</p>			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"><p>BSU – OFFICIAL USE ONLY</p><p>___ Approved</p><p>___ Disapproved</p></div>			

Fee Waiver Form — Instructions

WHY DO WE USE THE FEE WAIVER FORM?

The fee waiver form enables eligible SDE employees and/or their spouses to register at a nominal fee for classes at one of the following public post-secondary institutions in Idaho: **Boise State University, Idaho State University, Lewis-Clark State College, University of Idaho, and Eastern Idaho Technical College.**

WHEN DO WE USE THE FEE WAIVER FORM?

This form will be filled out prior to class registration.

HOW DO WE COMPLETE THE FEE WAIVER FORM?

1. Social security number of person applying for waiver (employee or spouse)
2. School term you will be attending (spring, summer, fall, winter)
3. School year to be attended
4. Employee or spouse name
5. Check (one) status of person applying for waiver (employee or spouse). One form filled out per student.
6. Student's home address, including city, state, and zip code
7. Course number from the post-secondary institution's catalog
8. Exact title of course, from the post-secondary institution's catalog
9. Number of credits associated with successful completion of this course
10. Time of day for class hours (example: 6-8 pm 3 nights a week)
11. If your course is held during the work day and is not directly related to your job, you are required to make up, on the day(s) of your absence, half the time you are away from the office (see General Fee Waiver Information item D). This space outlines for your supervisor your work plan for making up the time.
12. Same as #11
13. Same as #11
14. Employee signs here, even if the spouse is applying for fee waiver.
15. Date of employee's signature
16. Bureau or program employee works for
17. Employee's office phone
18. Employee's supervisor's signature is required
19. Date of supervisor's signature
20. Approval initials from HR Specialist or Chief Accountant
21. Chief Deputy Superintendent's signature
22. Date of Chief Deputy Superintendent's signed approval

This form will be faxed to the university by the Chief Deputy's assistant when all approvals have been obtained.

General Fee Waiver Information

- A. All State Department of Education employees in permanent positions who work at least half-time (including those on official leave) and the spouses of such employees may register for instructional courses during any academic period for a \$20.00 registration fee and \$5.00 per credit hour payment. The following are exceptions:
1. Courses funded by local, state or federal grants
 2. Continuing Education courses
 3. Special workshops
 4. Classes conducted for which fees are being directly applied to compensate instructors, such as applied music, art, etc.
- This policy applies to day courses, as well as extended day and graduate courses, whether taken for credit or audit. Any exceptions to this policy must be approved **in advance** by the Chief Deputy Superintendent.
- U of I courses are limited to six credits per fall or spring semester and three credits per summer semester.
- B. An employee and/or spouse of an employee who enrolls at BSU with a waiver of fees for eight or more credits will receive a "part-time" activity card.
- C. The matriculation fee is waived for full-time employees and their spouses.
- D. With written approval of the supervisor and Chief Deputy Superintendent, an employee may take one course per week during regularly scheduled working hours or during the lunch hour. The absence may not exceed two regular working hours per day. One half of the time missed must be made up on the day of the absence, unless the course is job-related. The supervisor will determine if the course is job-related, with the approval of the Chief Deputy Superintendent.
- E. Employees on leave without pay status (except for maternity leave) are not eligible for the fee waiver benefit. Nine- or ten-month employees or their spouses may take courses during the summer sessions, provided the employee has an employment contract for the following fall session and has worked the previous semester.
- F. All requests by employees or their spouses to attend day or extended day classes under the provisions of the regulations must be in the Chief Deputy Superintendent's office by the deadline set for each registration.
- G. If an employee and/or spouse of an employee enrolls with a waiver of fees, and the employee subsequently resigns or terminates her/his employment prior to the end of eight weeks of classes, the employee and/or spouse must then pay the full amount of fees required for the enrollment. Summer school would be covered by this same regulation, with full fees required if resignation or termination occurs prior to halfway through the session.
- H. Fee waivers apply to those individuals whose employment begins prior to the beginning of the semester.
- I. An employee and/or spouse of an employee enrolled with a waiver of fees is not provided with student health insurance coverage or privileges of the Student Health Center services. If insurance is desired, the employee and/or spouse should be covered on the employee's insurance policy, or student insurance can be purchased at registration by paying the premium.
- J. After completing a fee waiver form, an employee who makes any changes at registration or during drop/add to the classes she/he intends to take (i.e. night to day classes, adding classes, etc.) must complete a second fee waiver form and submit it to the Chief Deputy Superintendent's office for approval and processing.
- K. An employee who violates the fee waiver policy will be asked to make the appropriate changes to comply with the policy, and will also be denied the use of the fee waiver for her/him and his/her spouse for the following semester.
- L. Fees waived for employees and/or their spouses may be a taxable event, depending on the current tax law.
- M. The Idaho institutions of higher education offer fee waiver reciprocity according to each institution's policy.

Rev. 12/98

Recruiting or Hiring a New Employee (Specialist or higher position)

WHY DO WE USE THIS PROCEDURE?

Many laws and regulations govern the hiring procedure. The SDE wants to ensure that each hiring process protects the rights of the applicants during the application process and, for those who are offered employment, through the hiring process.

WHEN DO WE USE THIS PROCEDURE?

Every time a position is open to be filled or when hiring a new temporary employee.

HOW DO WE USE THIS PROCEDURE?

1. The supervisor and/or bureau chief will appoint a search/screening committee. The supervisor and/or bureau chief will identify a committee chair.
2. The committee will establish criteria and qualifications as to what skills, knowledge, and abilities are needed in the new employee. With the help of the Human Resource Specialist (HRS), the committee will redefine the job description and make any appropriate changes.
3. The committee and HRS will agree on where to announce the opening, i.e., SDE website, State of Idaho, Division of Human Resource, local and statewide newspaper, or professional journals.
4. Applicants will send applications to the attention of the Human Resource Specialist. The HRS will make sure that applications are complete, and if not, the HRS will notify the applicant of the missing items. When the application process closes, the HRS will give the applications to the committee. Copies will be made and distributed to each committee member.
5. The committee will meet and review the applications and identify the top 3 to 5 applicants the committee wishes to interview based on criteria established by the committee.
6. The administrative assistant of the bureau or program will set up an interview schedule and notify the interviewees of time and date of appointments.
7. After the interviews have taken place and a decision is made based on a rating system of applicants, the committee will recommend to the Chief Deputy Superintendent and the State Superintendent its top two choices of interviewees. The State Superintendent, Chief Deputy Superintendent, and the bureau chief or program supervisor will then have the right to interview the top choices or approve the committee's recommendation.
8. An offer of employment will be made via phone by the bureau chief or the program supervisor and a letter of employment offer will sent from the State Superintendent.
9. The applicant will be advised that the offer of employment must be returned within 7 days of receipt.

Recruiting or Hiring a New Employee (Support positions)

WHY DO WE USE THIS PROCEDURE?

Many laws and regulations govern the hiring procedure. The SDE wants to ensure that each hiring process protects the rights of the applicants during the application process and, for those who are offered employment, through the hiring process.

WHEN DO WE USE THIS PROCEDURE?

Every time a position is open to be filled or when hiring a new temporary employee.

HOW DO WE USE THIS PROCEDURE?

1. The committee and HRS will agree on where to announce the opening, i.e., SDE website, State of Idaho, Division of Human Resource, local and statewide newspaper, or professional journals.
2. Applicants will send applications to the attention of the Human Resource Specialist. The HRS will make sure that applications are complete, and if not, the HRS will notify the applicant of the missing items. When the application process closes, the HRS will give the applications to the committee. Copies will be made and distributed to each committee member.
3. An offer of employment will be made via phone by the bureau chief or the program supervisor and a letter of employment offer will sent from the State Superintendent.
4. The applicant will be advised that the offer of employment must be returned within 7 days of receipt.

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Hire Form — Sample Form



IDAHO STATE DEPARTMENT OF EDUCATION

LEN B. JORDAN OFFICE BUILDING
BOISE, IDAHO 83702

HIRE FORM

Authorization to employ the following individual is hereby requested:

① { Name of Prospective Employee _____
 Address _____
 Social Security Number _____
 Education Level _____ ②
 Position Title _____ ③

④ Pay Grade/Schedule _____ Step _____ Salary Per Hour _____

⑤ Status: Temporary _____ Emergency _____ Full Time _____ Part Time _____

⑥ Beginning Date _____

⑦ Position Control Number _____ Class Code No. _____

Salary to be paid from Stars Index Code(s):

⑧ _____ % _____ %
 _____ % _____ %

⑨ _____
 Program Officer _____ Date _____

⑩ _____
 Bureau Chief _____ Date _____

⑪ _____
 Chief Deputy Superintendent _____ Date _____

⑫ _____
 Human Resources _____ Date _____

Orientation Date: _____

Orientation Time: _____

To be completed by Human Resources

Copy Distribution:

White, yellow and pink NCR with original signatures to Human Resources

White – retained in Human Resources

Yellow – returned to Bureau Chief

Pink – returned to Program Officer (if applicable)

Revised 10/2005

Hire Form — Instructions

WHY DO WE USE THE HIRE FORM?

The Hire Form is used whenever hiring personnel to work for the SDE. The information on this form will be used to get the employee on payroll and/or benefits during the term of his/her employment.

WHEN DO WE USE THE HIRE FORM?

This form may be used for the employment of temporary, emergency, full- or part-time personnel. It must be submitted to the SDE's Human Resources Specialist before the employee begins working for the department. The form is to be printed on 5 part NCR paper, and submitted to Human Resources when completed and signed by all.

HOW DO WE COMPLETE THE HIRE FORM?

1. Name, home address, and social security number of prospective employee.
2. Degrees obtained and/or years of education.
3. Title of the position the prospective employee will fill.
4. Indicators of employee's position and salary. Check with Human Resources if you have questions in this area.
5. Indicate employee's job status, which will determine state benefits and other employment details.
6. The first day that the prospective employee will begin working.
7. Position Control Number / Class Code No. - obtain this information from Human Resources if you are unsure.
8. Budget code breakdown for the prospective employee's salary and expenses. Many positions in the SDE divide their time between two or more projects. Make sure your codes and percentages are accurate.
9. Program Officer's signature approval.
10. Bureau Chief's signature approval.
11. State Superintendent or Chief Deputy Superintendent's signature approval.
12. Human Resources signature approval and processing.

Exit Interviews

WHY DO WE DO EXIT INTERVIEWS?

An exit interview is for the benefit of the employee as well as the employer. It allows the employee to discuss the reason(s) for leaving the agency as well as providing information for the agency on why the SDE, as an agency, loses employees.

WHEN DO WE DO EXIT INTERVIEWS?

An exit interview is to be done prior to the employee's leaving the employment of the State Department of Education—prior to the employee's last working day.

HOW DO WE DO INTERVIEWS?

An exit inventory is initiated by the employee's bureau chief, deputy superintendent, or the chief deputy superintendent. Documentation of the exit interview will be placed in the employee's personnel file.

PURCHASING OF GOODS AND/OR SERVICES

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Purchase Order (PO) — Sample Form

**PURCHASE ORDER****STATE DEPARTMENT OF EDUCATION**

Office Location: 650 W. State Street
Boise, Idaho

PURCHASE ORDER NUMBER:
(Please indicate this number on invoice)

DATE: 10/25/05 **1**

Vendor name and address:

ABC Education Group, Inc

123 W 10th Ave **2**

Somewhere, USA 12345

Contact: Jane Doe

Phone# 123-456-7890 Fax# 555-555-5555

Tax exempt No. 82-73-0019K

Please send shipments other than US Postal to:

**ACCOUNTING/HUMAN RESOURCES
STATE DEPARTMENT OF EDUCATION
650 W. State Street
BOISE ID 83702**

Please send all U.S. Postal shipments to:

**ACCOUNTING/HUMAN RESOURCES
STATE DEPARTMENT OF EDUCATION
P.O. BOX 83720
BOISE ID 83720-0027**

Vendor/Social Security #: 123456789-00 **3**

QUANTITY	DESCRIPTION	AMOUNT
3 4	Ed conference registration of \$250.00 each, on Dec. 10-14, 2005 in Dallas, Tx at the Holiday Inn for: Jane Apple, Betty Day, Cindy Lowmar 5	750.00 6
	Please NOTE remit to address: 3a Conference Centers USA PO Box 757 Chicago, IL 55555 Please NOTE that meals may be estimated costs.	
	TOTAL:	\$750.00

Approvals: **10**

XXXXXXXXX 10/27/05
Immediate Supervisor Date

See SIGNATURE Process 10/27/05
Bureau Chief Date

See SIGNATURE Process 10/27/05
Chief Deputy or State Superintendent Date

Copy Distribution: **11**

White, green, yellow, pink - to Accounting for internal control numbering
White and yellow - returned to originator after numbering (See procedures)
Green & pink - retained in Accounting
Goldenrod - retained by originator

**PLEASE SEND ALL INVOICES TO THE ACCOUNTING
DEPARTMENT FOR PROCESSING**

Sue Walker **7** 5432
Originator Phone No.

4444 **8**
STARS Index Code

Instructions for Accounting/HR:
(Please check appropriate boxes)

BOTS will order
Originator will call in order **9**
Prepay (Attach order form)
Originator will pick up order
Other:

X

Revised 9/2005

Purchase Order (PO) — Instructions

WHY DO WE USE THE PURCHASE ORDER?

A purchase order form is required to document **PRIOR** approval for purchases, and indicates which program(s) is to be charged for the purchase.

WHEN DO WE USE THE PURCHASE ORDER?

A purchase order is needed when purchasing supplies (excluding those that are already provided in the supplies inventory section of the Print Room), books, subscriptions, organizational memberships, conference registrations, refreshments, meeting room charges, audio-visual and rental equipment, catering, and miscellaneous items for reimbursement that are NOT reimbursable on a travel reimbursement form for a department or individual.

For conference expenses, a purchase order is to be sent to the vendor prior to the actual activity occurrence when it is related to conference/meeting reservations. The vendor **MUST** have it prior to 24 hours of the actual event taking place or the vendor has the right to cancel the reservation.

HOW DO WE COMPLETE THE PURCHASE ORDER?

- A. The purchase order form is to be completed by the originator (the person completing the PO) **PRIOR** to purchasing supplies, equipment, etc. (as listed above).
- B. Refer to the "Signature Process" at the end of Section 5 (Miscellaneous) for what signatures are appropriate for the purchase.
- C. All except the goldenrod copies of the form are submitted to Accounting for internal control numbering of the form. Once the form is numbered, the following is possible:
 - If the purchase order requires prepayment, a copy of the PO and/or completed registration form **must** be attached to the purchase order for mailing with the warrant and/or used for internal accounting purposes. The white copy of the purchase order is sent with the payment.
 - If the purchase order requires that goods be ordered (either faxed or mailed), the originator will get the numbered white copy back to process the order.
 - All invoices **must** go to Accounting. The invoices are matched with the pink copy of the numbered purchase order and payment is made to the vendor. If invoice(s) are sent to Accounting after the purchase order has been processed, the PO number should be on the invoice. A participant list and agenda is necessary. All meetings/conferences **must** have the above information for processing.
 - The yellow copy of the form is always returned to the originator.
 - When the purchase order is accompanied by an invoice, the originator should keep a copy of the invoice, if needed, for his/her records.
 - All small receipts accompanying a purchase order are to be taped on an 8 ½ X 11 sheet of paper for Accounting scanning purposes.
- D. Purchase orders are processed in Accounting each day. The numbered PO forms will be available for the originator daily after processing.

PURCHASING OF GOODS AND/OR SERVICES

- E. The vendor number or Social Security number is **REQUIRED** on all purchase orders. If the originator doesn't have it, Accounting can look it up or the originator can get it from the vendor.
- F. Catering may be needed for conferences/meetings. In this instance the originator should be in contact with a vendor at the time of making arrangements. Generally, the vendor will send an order confirmation back. Keep this information for reference. The originator should estimate up to the State allowable amounts on the total amount that will be charged for meals or refreshments on the purchase order. Adjustments can be made prior to payment processing if necessary.

Please use the numbered instructions in conjunction with the sample form provided.

- 1. Date purchase order was prepared.
- 2. Vendor name, address, contact information, phone number and fax number.
- 3. (EIN) vendor number or Social Security number.
 - a. Make sure to NOTE if vendor "remit to" address or name is different than the address listed.
- 4. Quantity ordered.
- 5. Description – list items and any other pertinent information or NOTES in this section. If meeting/conference, airfare, membership dues, etc, make sure to list LOCATION, DATES, CONFERENCE NAME, EMPLOYEE NAME, ETC.
- 6. Total line amount extended.
- 7. Originator's name and phone number.
- 8. Index code.
- 9. Instructions for processing purchase order.
- 10. Approval signatures and Dates – Refer to the "Signature Process" at the end of Section 5 (Miscellaneous).
- 11. Distribution instructions (5 part NCR paper).

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Memorandum of Agreement (MOA) — Sample Form Pg. 1



STATE DEPARTMENT OF EDUCATION MEMORANDUM OF AGREEMENT FOR PROFESSIONAL SERVICES

This agreement ("Agreement") is made this day of 1 by and between the State Department of Education (the "SDE") and 2 (the "Independent Contractor").

Whereas, the SDE desires to engage the Independent Contractor to perform certain services, pursuant to the terms and conditions stated in this Agreement.

NOW THEREFORE, in consideration of the foregoing and the mutual promises and covenants herein contained, the parties agree as follows:

1. Services to be rendered. The SDE desires that the Independent Contractor perform, and the Independent Contractor agrees to perform, in addition to any other work as may be directed by the SDE, the following: 3 *[Describe in detail the work to be performed, to include when it will be completed and what the SDE will have when the work is completed. In other words, what are the "deliverables" the contractor is to provide to the SDE under the contract? Use simple language so anyone reading the contract will know what you are talking about. Take as much space as is necessary.]*

2. Independent Contractor's performance. All work done by the Independent Contractor shall be of the highest professional standard and shall be performed to the SDE's reasonable satisfaction. The detailed manner and method of performing the work is under the control of Independent Contractor, with the SDE being interested only in the results obtained. The SDE and Independent Contractor agree that the Independent Contractor is an "independent contractor" as defined by law as to all work performed under this Agreement.

3. Independent Contractor's status. The Independent Contractor's status under this Agreement shall be that of an independent contractor, and not that of an agent or employee. The Independent Contractor shall be responsible for paying all employment-related taxes and benefits, such as federal and state income tax withholding, social security contributions, worker's compensation and unemployment insurance premiums, health and life insurance premiums, pension contributions and similar items. The Independent Contractor shall indemnify the SDE and State of Idaho and hold them harmless from any and all claims for taxes (including, but not limited to, social security taxes), penalties, attorney's fees and costs that may be made or assessed against the SDE or State of Idaho arising out of the Independent Contractor's failure to pay such taxes, fees or contributions. The Independent Contractor warrants and represents that he has complied and will comply with all federal, state and local laws regarding business permits and licenses that may be required for him to perform the work as set forth in this Agreement including but not limited to: 4 *[fill in with specific licensing that we want to make sure the contractor has].*

4. Terms of payment. SDE shall pay the Independent Contractor pursuant to this Agreement. 5 *[Describe the fees the contractor is to be paid, the basis for the fees [i.e., by the hour, week, piece, job], how often the contractor can submit a request for payment, whether the SDE will reimburse the contractor for expenses, and if so, which ones and for how much, the method of payment, and when the job is to be completed.]* Requests for payment shall be made on forms

Memorandum of Agreement (MOA) — Sample Form Pg. 2

provided by the SDE and supported by documentation identified on the form. Payment shall be made within a reasonable time after the Independent Contractor's billing has been received and approved by the SDE. Payment shall be made from index 6 [fill in the Budget Index Code number].

5. Reimbursement of expenses. SDE shall not be liable to the Independent Contractor for any expenses he pays or incurs unless otherwise agreed to in writing by the SDE.

6. Equipment, tools, materials, or supplies. The Independent Contractor shall supply, at his sole expense, all equipment, tools, materials or supplies to accomplish the work to be performed.

7. Fringe benefits. Because the Independent Contractor is engaged in his own independent contract business, he is not eligible for, nor entitled to, and shall not participate in, any of the SDE's or the State of Idaho's pension, health or other fringe benefit plans.

8. Insurance. The Independent Contractor shall maintain insurance of the types and in the amounts typically maintained by legal professionals of the same type as the Independent Contractor, including, but not limited to, comprehensive general liability insurance in the minimum amount of \$1,000,000 per occurrence, and professional malpractice insurance, all with insurance companies properly licensed to do business in Idaho and reasonably satisfactory to the SDE.

9. Indemnification. The Independent Contractor agrees to indemnify and hold harmless the State of Idaho, as well as the SDE, its successors and assigns, from and against any and all loss, damage, cost, or expense, including attorneys' fees, by reason of the Independent Contractor's acts or omissions in the performance of services under this Agreement.

10. SDE not responsible for worker's compensation. Because the Independent Contractor is engaged in his own independent contracting business and is not an employee of the SDE, SDE will not obtain worker's compensation insurance for the Independent Contractor or his employees. The Independent Contractor agrees to obtain worker's compensation coverage as required by law for himself and his employees and to furnish a copy of his certificate of worker's compensation insurance to the SDE upon the SDE's demand.

11. Term of agreement. This Agreement's term shall begin on the date hereof and shall remain in force until the date by which the Independent Contractor is to have completed all work, or until terminated by the SDE, whichever occurs first. If at any time during the performance of this Agreement, in the sole opinion of the SDE, the work is not progressing satisfactorily or within the terms of the agreement, then at the discretion of the SDE and after written notice to the Independent Contractor, the SDE may terminate this Agreement or any parts thereof. Upon such termination, the Independent Contractor will be entitled to a pro rata payment for all work accomplished and accepted by the SDE.

12. Effect of termination. Upon termination by the SDE, the Independent Contractor shall: (a) promptly discontinue all work, unless the termination notice directs otherwise; (b) promptly return to the SDE any property provided by the SDE pursuant to this Agreement; and (c) deliver or otherwise make available to the SDE all data, reports, estimates, summaries and such other information and materials as may have been prepared or accumulated by the Independent Contractor in performing this Agreement, whether completed or in process. Upon termination by

Memorandum of Agreement (MOA) — Sample Form Pg. 3

the SDE, the SDE may take over the work and may award another party a contract to complete the work contemplated by this Agreement. Notwithstanding a termination, the Independent Contractor's obligations, if any, to provide follow-up services on work currently in progress shall remain in effect until such services are completed.

13. Notices. Any notice given in connection with the Agreement shall be given in writing and shall be delivered either by hand to the other party or by certified mail, return receipt requested, to the other party at the other party's address. Either party may change its address by giving notice of the change in accordance with this paragraph.

14. No authority to bind SDE. The Independent Contractor has no authority to enter into contracts or agreements on behalf of the SDE. This Agreement does not create a partnership between the parties and nothing contained in this Agreement shall be interpreted to create an employer-employee, master-servant, or principal-agent relationship between the SDE and Independent Contractor in any respect.

15. Confidentiality. Any and all reports, analyses and data, whether statistical or otherwise, transmitted to the SDE by Independent Contractor shall become the property of the SDE for such uses as it shall deem appropriate and shall not be disclosed to any person without prior written consent of the SDE. In addition, except as may be required by applicable law or in any governmental or judicial proceeding or inquiry, and then only upon timely notice to the SDE, Independent Contractor shall maintain strict confidence with respect to the SDE and all of its services under this Agreement. The SDE may require that Independent Contractor's officers, employees, agents or subcontractors agree in writing to the obligations contained in this section. This obligation shall survive termination of this Agreement.

16. Public records. Pursuant to Idaho Code section 9-335 *et seq.*, information or documents received from the Independent Contractor may be open to public inspection and copying unless exempt from disclosure. The Independent Contractor shall clearly designate individual documents as "exempt" and shall indicate the basis for such exemption. The Independent Contractor agrees to indemnify and defend the SDE for honoring such a designation. The failure to designate any document that is released by the SDE shall constitute a complete waiver of any and all claims for damages caused by any such release. If a Public Records Law request is made for materials claimed exempt, the Independent Contractor claiming the exemption shall provide the legal defense for such claim.

17. Records and audits

(a) The Independent Contractor shall maintain a complete file of all records, documents, communications and other written materials that pertain to the delivery of goods or services under this Agreement and shall maintain such records for a period of five (5) years after termination of this Agreement or final payment, whichever is later, or for such further period as may be necessary to resolve any matters that may be pending.

(b) The Independent Contractor shall permit the SDE or any duly authorized agent of the SDE to audit, inspect, examine, excerpt, copy or transcribe the Independent Contractor's records during the term of this Agreement and for a period of five (5) years following termination of this Agreement or final payment, whichever is later, to assure

Memorandum of Agreement (MOA) — Sample Form Pg. 4

compliance with the terms of this Agreement or to evaluate Independent Contractor's performance under this Agreement. The Independent Contractor shall also permit the SDE or its agent to monitor all activities conducted by it pursuant to this Agreement. As the monitoring agency may determine in its sole discretion, such monitoring may include internal evaluation procedures, examination of data, special analyses, on-site checks or other reasonable procedures.

18. Assignment. The Independent Contractor may not assign this Agreement without the prior written permission of the SDE.

19. Waiver. The waiver by either party of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

20. Modification. No change, modification, or waiver of any term of this Agreement shall be valid unless it is in writing and signed by both the SDE and the Independent Contractor.

21. Entire agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements or understandings between the SDE and the Independent Contractor. This Agreement may not be modified without the written consent of the Parties.

22. Attorneys' fees. In the event a lawsuit of any kind is instituted under this Agreement or to obtain performance of any kind under this Agreement, the prevailing party shall be awarded such additional sums as the court may adjudge for reasonable attorneys' fees and to pay all costs and disbursements incurred therein.

23. Applicable law. This Agreement shall be governed by, construed, and enforced in accordance with, the laws of Idaho without regard to its conflicts of law principles.

24. Legal compliance. The Independent Contractor agrees to comply with all applicable requirements of federal and state statutes, rules, and regulations.

25. Sufficient appropriation by Legislature required. It is understood and agreed that the SDE is a governmental entity, and this Agreement shall in no way or manner be construed so as to bind or obligate the State of Idaho beyond the term of any particular appropriation of funds by the State Legislature as may exist from time to time. The SDE reserves the right to terminate this Agreement if, in its sole judgment, the legislature of the State of Idaho fails, neglects or refuses to appropriate sufficient funds as may be required for SDE to continue payment. Any such termination shall take effect on ten (10) days' notice and be otherwise effective as provided in this Agreement. It is understood and agreed that the payments provided for in this Agreement shall be paid from legislative appropriations.

26. Officials, agents and employees of SDE not personally liable. The Parties agree that in no event shall any official, officer, employee or agent of the SDE or State of Idaho be in any way liable or responsible for any covenant or agreement, whether expressed or implied, nor for any statement, representation or warranty made in or in connection with this Agreement. In particular, and without limitation of the foregoing, no full-time or part-time agent or employee of the SDE shall have any personal liability or responsibility under this Agreement, and the sole responsibility

Memorandum of Agreement (MOA) — Sample Form Pg. 5

and liability for the performance of this Agreement and all of the provisions and covenants contained in this Agreement shall rest in and be vested with the State of Idaho.

27. Force Majeure. Neither party to this Agreement shall be liable for or deemed to be in default for any delay or failure to perform under this Agreement if such delay or failure to perform results from act of God, civil or military authority, act of war, riot, insurrection or other occurrence beyond that party's control. In such case, the intervening cause must not be caused by the party asserting it and the excused party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.

28. Headings. The headings have been inserted for convenience solely and are not to be considered when interpreting the provisions of this Agreement.

29. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

State Department of Education
650 West State Street
P.O. Box 83720
Boise, ID 83720-0027

Independent Contractor

12 By: _____

Title: Superintendent or Chief Deputy

13 Date: _____

14 By: _____

Title: Bureau Chief

15 Date: _____

16 By: _____

Title: Program Officer

17 Date: _____

8 Contractor Signature _____

9 Contractor Tax ID No.: _____

10 Contractor Address: _____

11 Date of Signature: _____

7

Copy Distribution 18

White, green, yellow, pink – to Accounting for internal control numbering

White and yellow – returned to originator

Green and pink – retained in Accounting

Goldenrod – retained by originator

Revised 11/2005

Memorandum of Agreement (MOA) — Instructions

WHY DO WE USE THE MEMORANDUM OF AGREEMENT?

The MOA provides a legal basis for the SDE to arrange and pay for professional services from an outside individual or organization (independent contractor). The MOA is a legal protection for both SDE and the contractor. In order to get approval for independent contractor work, the MOA must be completed as stated herein.

WHEN DO WE USE THE MEMORANDUM OF AGREEMENT?

The MOA is used whenever the SDE needs expertise that is unavailable within the SDE in subject, scope or timeframe. It can also be used to provide funds to other organizations requesting support from the SDE. Both the contractor and SDE personnel must understand that the MOA must be negotiated, approved by SDE Deputy Attorney General, and fully signed before the work begins. A request for payment shall be submitted in order to process a payment on the MOA and must be on a form approved by the SDE.

HOW DO WE COMPLETE THE MEMORANDUM OF AGREEMENT?

Payment to independent contractors and vendors should be made pursuant to the terms set forth in the contract (Memorandum of Agreement). The contract or memorandum of agreement must set forth how often the contractor or vendor is to get paid, how much, supporting documentation to be submitted with any and every request for payment, to whom any request for payment is to be submitted, how often a request for payment must be submitted, and the budget out of which the payment will be made. A request for payment of fees for services must be accompanied by an invoice that sets forth when and where the services were performed, and how much time was involved if the contractor is getting paid by the hour. If payment is being made at the end of the contract, then the request for payment must be accompanied by whatever reports or other deliverables were required by the contract. Absolutely no advance payments are to be made to vendors or contractors unless specifically provided by the contract.

1. Date of agreement (MOA).
2. Name of independent contractor.
3. Detailed description of work and expectations.
4. Contractor's licensing information, if necessary.
5. Detail of payment terms.
6. Index code.
7. SDE Deputy Attorney General's initials (mandatory before any other distribution).
8. Contractor signature.
9. Contractor Tax ID No.
10. Contractor Address.
11. Date of signature from Contractor.
12. Signature of State Superintendent or Chief Deputy Superintendent.
13. Date of approval from State Superintendent or Chief Deputy Superintendent.
14. Signature of Bureau Chief.
15. Date of approval from Bureau Chief.

PURCHASING OF GOODS AND/OR SERVICES

16. Signature of Program Officer.
17. Date of approval from Program Officer.
18. Distribution instructions (5 part NCR paper).

Each request for payment must be reviewed and approved by the appropriate Bureau Chief, as well as the contact person within the SDE for the contract at issue. The request will then be submitted to Accounting.

When the above steps have been completed, a new series begins:

1. White, yellow and goldenrod copies are returned to program manager.
2. Green and pink copies are retained in Accounting.
3. Program manager sends a Xerox copy to contractor.
4. Program manager holds the complete MOA until it is time to make payment.
5. Program manager works with contractor to receive reports.
6. When work has been completed according to the agreement and all reports have been received, then a payment request form is completed by the program manager.
7. The original white copy of the MOA is submitted to Accounting, along with the invoice and payment request form. If multiple payments are part of the agreement, a Xerox copy of the MOA is submitted with each payment request, with the original MOA accompanying the final payment request.
8. Accounting schedules payment and returns the yellow copy of the Payment Request Form to program manager for filing.

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Payment Request — Sample Form

STATE DEPARTMENT OF EDUCATION
PAYMENT REQUEST FORM

PURPOSE: This form is to request payment for items that do not require a Purchase Order Form. These items generally include grant payments to local school districts and other sub-grantees, and payments to vendors who are to be paid using a Memorandum of Agreement Form.

Name of Payee: Boise School District #1 ①Vendor No. of Payee: 826009542-00 ②Amount of Payment: \$1,000.00 ③Funding Source:
(STARS Index Code) 0001 ④Purpose of Payment: Substitute Teacher Reimbursement for ABC Conference
⑤ held in Boise 9/25/05Submitted by: Susan Smith ⑥ 332-6800
(Extension)

Signature of Program Manager: _____ ⑦

Date of Signature: _____ ⑧

For Accounting Use Only:

SDE Document No. and Suffix: _____

Transaction Code: _____

Expenditure Subobject: _____

Date Processed: _____

Copy Distribution: ⑨

White and yellow - to Accounting for processing and documentation

Yellow - returned to originator after processing

Pink - Retained by originator

Revised 4/2005

Payment Request — Instructions

WHY DO WE USE THE PAYMENT REQUEST?

This form is primarily used to authorize payments for school district, university and nonprofit entities as a part of the SDE's federal grant sub-recipient program. The sub-recipient payments are initiated by only a few employees in the agency.

There are a number of **other** uses for this form:

- As the authorizing paperwork for payment(s) on a Memorandum of Agreement (MOA) throughout the MOA contract period or once the contractor has finished the work for the Department.
- As the authorizing paperwork for payment to school districts for substitute teachers because district teachers were doing committee work for the SDE.
- As the authorizing paperwork for other miscellaneous payments such as stipends to committee participants in lieu of travel reimbursements, and payments not specifically covered by other paperwork.
- This form is **not** to be used to reimburse SDE employees for refreshments, equipment, etc.

WHEN DO WE USE THE PAYMENT REQUEST?

A payment request is used when a payment needs to be paid to a non-state employee, contractor, school district, etc.

HOW DO WE COMPLETE THE PAYMENT REQUEST?

Complete all areas of the form, including:

1. Name of Payee.
2. Vendor Number of Payee (If needed, contact Accounting).
3. Amount of Payment.
4. Funding Source – index code from which payment will be made.
5. Purpose of Payment or additional comments.
6. Submitted by – the originator or person who is submitting this form to Accounting for payment and a phone number they can be reached in case there are questions.
7. Signature of Program Manager (Refer to the "Signature Process" at the end of Section 5 (Miscellaneous)).
8. Date of Signature.
9. Distribution instructions (3 part NCR paper).

Appropriate documentation **must** be attached to complete the payment process.

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TRAVEL

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Discretionary Use — Sample Form



STATE DEPARTMENT OF EDUCATION
DISCRETIONARY USE FORM
Out-of-State Mileage in Lieu of Airfare
Out-of State Personal Time Stay Over

Name of Traveler: 1 John Doe Date Submitted: 2 11/15/2005
 Trip Destination: 3 Washington, DC Submitted by: 4 Susan Smith Ext. 6800
 Received Quote from (Agent and Travel Agency): 5 Harmon Travel Agency - Patty Party

Out-of-State Mileage In Lieu of Airfare

Employees normally travel out of state by air. If an employee wants to drive instead, the Department will pay the lesser of airfare or mileage. Airline quotes must be attached to this form.

<u>6</u> Airline Schedule	Date	Time	Airline
Leave Boise	<u>12/6/05</u>	<u>6:30 AM</u>	<u>Northwest</u>
Arrive Destination	<u>12/6/05</u>	<u>5:30 PM</u>	
Leave Destination	<u>12/10/05</u>	<u>6:30 AM</u>	
Arrive Boise	<u>12/10/05</u>	<u>3:30 PM</u>	
Total Round Trip Airfare	<u>7</u> \$600.00		

8 **ROUNDRIP MILEAGE (Rand-McNally Atlas) to Destination:** 1000 miles @ \$0.405 \$405.00
 (rate)

Out-of-State Personal Time Stay Over

Department policy allows reimbursement for meals and lodging over and above the conference schedule, if this results in an overall savings to the Department.

Round Trip Airfare		
Without Personal Stay Over	\$600.00 <u>9</u>	No. of Travel Days without Stay Over <u>5</u> <u>12</u>
Less: Round Trip Airfare		
With Personal Stay Over	<u>(\$325.00)</u> <u>10</u>	No. of Travel Days with Stay Over <u>7</u> <u>13</u>
Difference = Airfare Savings	\$275.00	
Less: Additional Meals and Lodging		
Due to Personal Stay Over	<u>(\$310.00)</u> <u>11</u>	
Difference = Overall Savings		
TOTAL SAVINGS	<u>(\$35.00)</u>	

14

Signature of Traveler

Copy Distribution: 15
 Follow distribution stated on Travel Request Form

Revised 4/2005

Discretionary Use Form — Instructions

WHY DO WE USE THE DISCRETIONARY USE FORM?

The Discretionary Use Form is used to determine the most cost effective mode of transportation when traveling out-of-state.

WHEN DO WE USE THE DISCRETIONARY USE FORM?

This form is to be used for one of two different activities. In either case, indicate the name of the traveler as well as the person submitting the form.

1. Out-of-State Personal Vehicle Mileage in Lieu of Airfare

- If the traveler prefers to drive rather than fly to an out-of-state meeting, a comparison must be made of the cost of flying versus the cost of driving—the traveler will be reimbursed for the lesser amount.
- The comparison is only mileage versus airfare costs—any additional meals or lodging costs caused by driving will not be reimbursed to the traveler.

2. Personal Time Stay Over

- If the traveler will be staying for additional days prior to or beyond the dates of the conference (typically caused by a price savings of the airline ticket for staying over a weekend, etc.), a cost comparison must be made.
- All costs must be included in this comparison—extra meals, lodging costs, airport parking, etc. Quotes for the cost of airfare with and without personal stay over must be attached.
- If the cost of the trip with the personal stay over is either equal to or less than the trip without the stay over, it is reimbursable.

NOTE: If the cost of the trip with the personal stay over is more, the traveler must pay the difference.

HOW DO WE COMPLETE THE DISCRETIONARY USE FORM?

This form includes the following:

1. Name of Traveler.
2. Date Submitted.
3. Trip Destination.
4. Submitted by – person who is submitting this form to Accounting for payment and a phone number the individual can be reached at in case there are questions.
5. Agent and Travel Agency – the source of the airfare quotes.

Out-of-State Mileage in Lieu of Airfare

6. Airline Schedule: includes the date and time of each leg of the trip and the name of the airline.
7. Total Round Trip Airfare.
8. Roundtrip Mileage: includes the number of miles traveled to and from destination and the allowed mileage rate paid to traveler.

Out-of-State Personal Time Stay Over

9. Round Trip Airfare – Without Personal Stay Over. Quote must also be submitted to Accounting with this form.
10. Less: Round Trip Airfare – With Personal Stay Over. Quote must also be submitted to Accounting with this form.
11. Less Additional Meals and Lodging Due to Personal Stay Over.
12. Number of Travel Days without Stay Over.
13. Number of Travel Days with Stay Over.
14. Signature of Traveler: Refer to the “Signature Process” at the end of Section 5 (Miscellaneous).
15. Distribution instructions.

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3-6

Direct Billing for Non-state Employees — Instructions

WHY DO WE USE THE NON-STATE EMPLOYEE DIRECT BILLING FORM?

This form is to be used to generate a vendor payment for hotel, airfare, or rental car arrangements made on behalf of non-state employees (those people who do committee work, etc., for the SDE).

WHEN DO WE USE THE NON-STATE EMPLOYEE DIRECT BILLING FORM?

For purchase of airline tickets to be paid by the SDE: Complete and submit this form as soon as airfare has been booked and confirmed by the travel agency (the agency has already had to pay the airline for the tickets).

For lodging payments: Complete and submit this form as soon as possible once arrangements have been confirmed.

For car rental payments: Complete and submit this form as soon as confirmation of car rental cost is received.

One form per vendor is required. DO NOT combine vendors on the same form.


HOW DO WE COMPLETE THE NON-STATE EMPLOYEE DIRECT BILLING FORM?

Complete all areas of the form, including:

1. Purpose of Travel.
2. Index Code from which invoice will be paid.
3. Dates of Travel.
4. Participant Name.
5. Vendor Name.
6. Amount of Billing.
7. Submitted by / Phone – the originator or person who is submitting this form to Accounting for payment and a phone number he/she can be reached in case there are questions.
8. Approval date of Program Manager.
9. Signature of Program Manager: Refer to the “Signature Process” at the end of Section 5 (Miscellaneous).
10. Distribution instructions.

There are areas of the form that are designated for Accounting use only—do not fill in those areas.

Travel Request — Sample Form


**STATE DEPARTMENT OF EDUCATION
TRAVEL REQUEST FORM**

☐ OUT OF STATE **1** ☒ IN STATE DATE **2** 11/1/2005

3 { ☐ (Team Objective, like PNI #1) **3a** _____ (Team Lead Signature)
☐ Grant/Contract Requirement
☐ Personal Professional Development (one per fiscal year)

This form must be completed and submitted in advance of any trip if a claim for reimbursement is to be allowed.

Name **4** John Doe **5** Position Coordinator, Special Programs
 Social Security No. 000-00-0000 **6** Submitted By Susan Smith **7** Phone No. 322-6800 **8**

DATE	CITY	HOTEL	PURPOSE OF TRAVEL
12/1/05	Enroute Pocatello, Blackfoot	Red Lion Pocatello	Magic Valley Program Reviews
12/2/05	Pocatello, Burley, ret.	Red Lion Pocatello	Magic Valley Program Reviews
12/3/05	Pocatello, Tetonia, ret.	Red Lion Pocatello	Magic Valley Program Reviews
12/4/05	Pocatello, Idaho Falls, ret.	Red Lion Pocatello	Magic Valley Program Reviews
12/5/05	Pocatello District, Boise		Magic Valley Program Reviews
9	9a	9b	9c

Funding Source: (Stars Index Code) **10** 0001 (Other Funding Source) **10a** _____

		(A) TO BE DIRECT BILLED TO DEPT.	(B) TO BE REIMBURSED TO TRAVELER
Departure Time from Home Station 11 6:30 AM			
12 5 Days @ \$ 12a 30.00 (for meals)			12b \$150.00
13 4 Night Lodging @ \$ 13a 65.00 per night		13b \$260.00	13c
Estimated Travel Miles 14 12 State Rate @ \$0.485			14a \$5.82
Airfare Cost Alaska Air through Holiday Travel 15 (include name of travel agency and airline)		15a \$500.00	15b
Rental Car Cost Budget Rent-A-Car 16 (include name of rental company)		16a \$100.00	16b
Additional costs (specify) Gasoline for rental car 17			17a \$50.00
ESTIMATED EXPENSE		\$860.00	\$205.82
AMOUNT OF TRAVEL ADVANCE REQUESTED (if applicable) 18			\$185.00 (Up to 90% of Column B)

DO NOT WRITE IN SPACE BELOW - ACCOUNTING USE ONLY

WARRANT NO.	DOCUMENT NO.	SFX	TRAN/CODE	INDEX	SUB.OBJ	AMOUNT

For conferences and meetings, please attach a copy of the invitation/correspondence, registration information and agenda. **20**

Copy Distribution: **21**
 OUT-OF-STATE: Goldenrod kept by originator
 All other copies routed to State Superintendent's Office; then to Accounting

IN-STATE: Goldenrod kept by originator.
 After approval, white, green, yellow, and pink copies routed to Accounting
 White and pink - retained in Accounting for processing
 Green - returned to originator for approval acknowledgement
 Yellow - returned to originator

19 {

Signature of Traveler _____ Date _____

Bureau Chief or Designee _____ Date _____

State Superintendent/Chief Deputy Superintendent _____ Date _____

Revised 10/2005

Travel Request Form — Instructions

WHY DO WE USE THE TRAVEL REQUEST FORM?

The Travel Request Form needs to be completed whenever any staff member needs to travel – either within the state or outside of the state. It does not need to be submitted if the traveler is only traveling on business within the home station (and planning to submit reimbursement claim for vicinity mileage only).

WHEN DO WE USE THE TRAVEL REQUEST FORM?

Whenever any staff member needs to request authority to travel both within the state and outside of the state.

HOW DO WE COMPLETE THE TRAVEL REQUEST FORM?

This form includes the following areas that need to be completed:


1. In-State / Out-of-State - Check the appropriate box
2. Date Submitted
3. If Out-of State one of three boxes must be checked
 - a. Team Objective and Team Lead Signature are required if the first box is selected
4. Name of traveler
5. Job position
6. Social Security Number
7. Submitted by – Name of originator submitting this form to Accounting.
8. Phone No. – Originator's phone number to contact if there are any questions regarding request.
9. Dates of Travel
 - a. City
 - b. Hotel
 - c. Purpose of Travel
10. Funding Source
 - a. Note any outside funding sources that will be used to pay for travel.
11. Departure Time
12. Number of Days
 - a. Per diem allowable per day
 - b. Meal costs reimbursed to traveler
13. Number of nights lodging
 - a. Rate per night
 - b. Lodging cost direct billed to SDE
 - c. Lodging cost reimbursed to traveler
14. Mileage – Estimated mileage at the state rate
 - a. Mileage cost reimbursed to traveler
15. Airfare Cost – Indicate travel agency and carrier. Note here if reimbursement for airfare has been requested using a Purchase Order.
 - a. Airfare costs direct billed to SDE

TRAVEL

- b. Airfare cost reimbursed to traveler
- 16. Car Rental Cost – Indicate rental car company
 - a. Rental car cost direct billed to SDE
 - b. Rental car cost reimbursed to traveler
- 17. Additional Costs – Shuttle or taxi fees, gasoline, parking, etc.
 - a. Additional costs reimbursed to traveler
- 18. Travel advances will be issued for up to 90% of the “reimbursable to traveler” costs, based on the estimates for the travel. Travel advances are only available if the traveler stays overnight with a minimum of \$35 for an advance. Travel advances must be picked up from Accounting **prior** to the travel date and time.
- 19. This form does not require the original signature of the traveler; the assistant or supervisor may sign for the traveler. It does require the signature of the supervisor. If it is out-of-state travel, a Bureau Chief’s signature, and the State Superintendent’s or the Chief Deputy Superintendent’s signature is required as well. (Refer to the “Signature Process” at the end of Section 5 (Miscellaneous)).
- 20. Supporting documents required.
- 21. Distribution instructions.

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Change of Itinerary Request — Sample Form

 <div style="display: inline-block; vertical-align: middle; text-align: center;">STATE DEPARTMENT OF EDUCATION CHANGE OF ITINERARY REQUEST FORM</div>	
Traveler: <u>John Doe</u> 1	Date Submitted: <u>10/1/2005</u> 2
Submitted by: <u>Susan Smith</u> 3	
Telephone No. <u>332-6800</u> 4	
ORIGINAL ITINERARY	
<u>Date(s)</u> 5 <u>10/18-20/04</u> _____ _____ _____ _____	<u>Purpose of Travel</u> 6 <u>Program review in Magic Valley</u> _____ _____ _____ _____
REVISED ITINERARY	
Change(s) in itinerary should be as follows:	
<u>Date(s)</u> 7 <u>10/18-22/04</u> _____ _____ _____ _____	<u>Purpose of Travel</u> 8 <u>Program review in Magic Valley (extension of trip)</u> _____ _____ _____ _____
SIGNATURE OF TRAVELER: _____ 9	
SUPERVISOR'S APPROVAL: _____ 10	
Copy Distribution after Supervisor Approval: White - retained by supervisor Yellow - retained by originator 11 Pink - routed to Accounting	
Revised 4/2005	

Change of Itinerary Request — Instructions

WHY DO WE USE THE CHANGE OF ITINERARY REQUEST FORM?

The purpose of the form is to alert the Accounting travel auditor that the Travel Request Form previously submitted to Accounting has changes. These can reflect changes in the dates, times, locations, airfare, rental car, hotel, or all of these as they were cited on the original Travel Request Form. Accounting attaches this form to the original Travel Request Form so when the travel reimbursement and/or direct billings are turned in, there will be no questions about conflicts in dates, times, location, charges, etc.

WHEN DO WE USE THE CHANGE OF ITINERARY REQUEST FORM?

A Change of Itinerary Request Form must be completed whenever a change takes place that is different from the original Travel Request Form submitted to Accounting.

HOW DO WE COMPLETE THE CHANGE OF ITINERARY REQUEST FORM?

This form includes the following areas that need to be completed:

1. Name of traveler.
2. Date submitted for signature
3. Name of the person who is submitting this form to Accounting and who will be contacted if there are any questions regarding reimbursement.
4. Telephone number of person who is submitting the form to accounting.
5. Original dates of travel as noted on the Travel Request Form.
6. Original purpose of travel. The original itinerary must coincide with the Travel Request Form submitted to Accounting with the dates of the travel and the location of travel.
7. Dates of travel.
8. Explanation of changes. The revised itinerary will reflect the changes to the original Travel Request Form.
9. Traveler's signature (Refer to the "Signature Process" at the end of Section 5 (Miscellaneous)).
10. Signature of approving supervisor.
11. Distribution instructions (3 part NCR paper).

Travel Reimbursement Form — Instructions

WHY DO WE USE THE TRAVEL REIMBURSEMENT FORM?

This form is to be used to reimburse travel costs to both state employees and non-state employees (those who are traveling for committee work, etc.).

WHEN DO WE USE THE TRAVEL REIMBURSEMENT FORM?

This form is completed upon the traveler's return to receive reimbursement.

HOW DO WE COMPLETE THE TRAVEL REIMBURSEMENT FORM?

1. Traveler's name and current mailing address. Reimbursement checks for non-state employees will be mailed to this address.
2. Purpose of Travel. Meeting, convention, committee name, etc. will go here.
3. Social Security number of traveler. If traveler profile is not in the STARS accounting system a Form W-9 will need to be completed and turned into Accounting.
4. Name and phone number of SDE personnel who is submitting this form to Accounting and who will be contacted if there are any questions regarding reimbursement.
5. Dates of travel. Each day must be documented on this form. If additional room is needed, attach documents to back of form, or note in additional travel explanation box.
6. **From (Location) / To (Location)**: Where the traveler is coming from and his/her destination.
7. Mileage for personal vehicle reimbursement is paid to the traveler to cover the costs of gasoline, insurance, and wear and tear on the personal vehicle. Mileage will not be given for rental vehicles. All mileage should be calculated using the approved mileage chart, www.mapquest.com, or maps.yahoo.com. The official Transportation Department's mileage is to be used first if possible. If there are vicinity miles, they are to be listed separately by day to identify them as over and above standard mileage to and from a certain destination.
8. **Time of Day (Leave/Arrive)**: Document time traveler left home station on first day of travel and time arrived back at home station on last day of travel. There is no need to fill in the leave and arrive times for each travel day unless there are multiple days of travel from the home station on one reimbursement form. For instance it is possible to travel from Nampa to Boise for a meeting for three days without an overnight stay each night.
9. Document here what type of travel is being used, i.e. whether the traveler is driving (CAR or RENTAL) or flying (AIR).
10. Meals are reimbursed based on the leave and arrive times that are documented. See the Idaho State Travel Policies and Procedures.
11. Documentation of lodging in this area is only used if the traveler paid for the lodging and needs to be reimbursed for the cost. Direct billed lodging does not go here.
12. **Other Reimbursable Expenses**: All original receipts for which the traveler wants to be reimbursed need to be attached. (All small receipts need to be taped to an 8 ½ by 11 sheet of paper for scanning.) Refer to the State Travel Policies and Procedures for details of allowable reimbursement items.
 - a. **Registration**: Use only if traveler paid for conference or meeting registration fees and needs reimbursed for the cost.

TRAVEL

- b. Taxi, Bus, Limo: Amount for any ground transportation the traveler paid for while on trip.
- c. Parking: Amount for any parking that the traveler paid for while on trip.
- d. Airfare: Use only if traveler paid for airfare and needs to be reimbursed for the cost.
- e. Other: Use for any other expenses that the traveler incurred while on the trip, i.e. gasoline if driving rental vehicle, photocopies, etc.
- f. Subtotal: Subtotal for all other reimbursable expenses
- g. Total: Total of mileage (#1), meals (#2), lodging (#3), and other expenses.
- h. Less Travel Advance: Total of any travel advance that was issued prior to trip, if applicable.
- i. Reimbursement: Total reimbursement amount traveler will receive, or amount that is due to SDE.

13. Direct Bill Information Only:

- a. Car Rental: Document any costs that will be, or have been, direct billed for rental cars. Include rental car company and cost.
- b. Airfare: Document any costs that will be, or have been, direct billed for airfare. Include travel agent and cost.
- c. Lodging: Document any lodging costs that will be direct billed. Include hotel, city and cost. Only lodging and business related phone charges can be direct billed. Room service and personal calls should not be direct billed. If more room is needed, list lodging in additional travel explanation box.

State Employees: Copies of the direct billing invoices do not need to be attached to the travel reimbursement form. Invoices will come to Accounting from the vendors and will be paid from retained Accounting paperwork. If copies of the direct billing invoices come to the program personnel who arranged for the travel, they should be forwarded to Accounting.

Non-State Employees: A Non-state Employee Direct Bill form will need to be completed once arrangements have been confirmed for Accounting to pay these invoices. If copies of the direct billing invoices come to the program personnel who arranged for the traveler, they should be forwarded to Accounting.

- 14. Accounting index codes that will be used to pay for travel. If reimbursement is split between multiple index codes, give percentage to charge to each.
- 15. Document any variation from the state travel policy in the Additional Travel Explanation box. This could include:
 - Why there were no lodging costs (stayed with relatives, etc.)
 - Why a certain receipt is not attached. This must be initialed by the Program Manager.
 - Why there is a change fee on an airline ticket.
 - Why there appears to be more than a normal amount of vicinity miles.
 - Why a rental car is used as opposed to a personal vehicle (do the cost comparison calculations in the explanation box.)
 - Any other information that may need to be explained in order for Accounting to process reimbursement.
- 16. Traveler's original signature is required.
- 17. Date traveler signed form.
- 18. The original signature of the traveler's immediate supervisor, or the Program Manager will sign as SDE Supervisor for non-state employees.
- 19. Date of Supervisor/Program Manager signature approval.
- 20. Distribution instructions. (5 part)

Be sure to attach all back up documentation as required, such as meeting/conference agenda (SDE employees only), correspondence, copy of registration (if applicable), and receipts.

PRINT ROOM

General Print Room Information

Xerox DocuTech 6115

- Minimum total impressions on this machine should be 1,000 (number of original sheets times number of copies). It is meant for big jobs (either in number of originals or number of copies) and there are no maximum total impressions for this machine.
- This machine will run 3-hole punched paper (more expensive than regular paper and must be ordered), staple, tape bind, run tabs, add inserts, and allow changes within a job such as a combination of simplex and duplex printing and paper stock changes (up to five different paper stocks can be used).
- This machine is attached to the network for easier document handling.
- This machine should be the first machine considered if the use has met the 1,000 impressions requirement.

Xerox WCP90

- Maximum total impressions on this machine should be 1,000 (number of original sheets times number of copies). It is meant for intricate jobs, not necessarily long jobs, and there are no minimum total impressions for this machine.
- This machine will run 3-hole punched paper (more expensive than regular paper and must be ordered), fold, staple, run tabs, and allow changes within a job such as a combination of simplex and duplex printing and paper stock changes.
- This machine should be the first machine considered if the user has a need for any of the special features of the machine.
- This machine operates best when the primary operator is allowed to run any appropriate jobs.

Xerox DC3535 (color copier/printer)

- This machine is meant to run multiple color copies at a cheaper price than a color printer; black and white copies on this machine are more expensive than if run on other printers/copiers.
- This machine will run color copies at a faster speed than color printers.
- This machine is attached to the network for easier document handling.

Xerox DC342

- These machines (in the four corners of the 2nd floor of the LBJ Building) are meant to complete small jobs with very few intricate features. They are not built to run long jobs.
- Any job that takes more than five to ten minutes to run should be sent to the Print Room for processing.

Miscellaneous

- Because of the volume of impressions on the Docutech, there is bound to be a backlog — so long range planning may be necessary.
- If a “rush” job is necessary on any of the printers in the Print Room, this is possible, depending on what the backlog is, as well as the rationale for the “rush” job.

Print Order — Sample Form



State of Idaho Department of Education

PRINT ORDER

Staff Member: _____

Date Submitted: _____

Index Code: _____

Due Date: _____

Publication Title: _____

Document Size (check one)

Total Number of Printed Sides in Original Document: _____

8 1/2 x 11 _____

8 1/2 x 14 _____

11 x 17 _____

other _____

Quantity to be Printed: _____

Binding Requested:

(choose one)

Uncollated _____

Collated Loose _____

Stitch Upper Left _____

Two Stitches @ Left _____

Stitch Other Location _____

(show on sample)

Tape Bound: black _____

white _____

gray _____

Paper Stocks Required (maximum of 3):
(give weight and color)

1 _____

2 _____

3 _____

PLEASE USE POST-IT NOTES TO INDICATE
PRINTING SIDES THROUGHOUT PUBLICATION

Additional off-line Folding, Drilling, Spiral Binding, Assembly Requested:

Color Printing Available. Please Ask.

Do not write in shaded area - Materials Billing only

Scans @ _____

Triton Plates @ _____

Masking Sheets @ _____

Binds @ _____

Reams 20# White Paper @ _____

Reams 20 # Color Paper @ _____

Reams Pre-printed Letterhead @ _____

Reams Pre-collated NCR @ _____

Reams # _____ @ _____

Other Charges:

Total Supplies Charges: (Does not include Xerox/Running Charges)

To calculate the Xerox/Running Charges, multiply Number of printed sides x Quantity printed x \$.0112

Submitted By: _____ Date: _____

SDE 708 Rev 5/02

Print Order — Instructions

WHY DO WE USE THE PRINT ORDER FORM?

This form provides both the pressman and the detailer instructions on how to print and bind (if applicable) the job.

WHEN DO WE USE THE PRINT ORDER FORM?

It is to be used when submitting print jobs to the Print Room for the DocuTech or the offset press.

HOW DO WE COMPLETE THE PRINT ORDER FORM?

- Be sure to complete all the information necessary to have the job printed and bound in the correct way.
- If a job is being submitted electronically, this form is not necessary. There is a different form that must be submitted electronically with the job.
- NCR form is only available in the print room.

This Copy Distribution Overview (2 part NCR paper)

White and yellow — sent to print room with job

Yellow — returned to originator with completed job

Copy Center Request — Sample Form

COPY CENTER REQUEST

Requested By: SUSAN SMITH Date: 11/17/04

Original Copies (Please Check One) Copier Code No. 0000

1 sided 1 sided

1 sided ✓ 2 sided Number of Copies (sets) 100

2 sided 2 sided

2 sided 1 sided

PLEASE SPECIFY COPIER FOR THIS JOB: Workcentre Pro ✓ Docucolor

Paper Color (other than white)

Due Date: 11/24/04 Time: 5:00PM

Staples: Yes No Folding: Tri-Fold C (Brochure) Z (Accordion)

Holes Drilled ✓ Yes No Half Fold

Special Instructions: PLEASE USE 1" LOOSE LEAF RING IN TOP LEFT DRILLED HOLE

Date and Time Completed

Total Number of Copies for This Job:

MAILINGS

Requested By: SUSAN SMITH Date: 11/17/04

Number of Pages in Mailing 10 Index Code: 0001

Due Date to be Completed: 11/24/04

Size of Envelope Used #93 Number of Labels 90

Date and Time Completed

Copy Center Request Form — Instructions

WHY DO WE USE THE COPY CENTER REQUEST FORM?

This form is to be used when submitting copy jobs to the copy center. It will provide the copy center personnel instructions on how to copy and bind (if applicable) the job. It is also used by the originator when submitting materials for a mass mailing.

WHEN DO WE USE THE COPY CENTER REQUEST FORM?

For use when copy jobs are larger than 50 pages and for mass mailings, document folding (up to 3 pages nested), book binding, hole drilling, and color copies.

HOW DO WE COMPLETE THE COPY CENTER REQUEST FORM?

- Fill in all the information necessary to have the job copied and bound in the correct way.
- Fill in all the information necessary to complete the mass mailing.
- This form is available in the copy center.

Copy Distribution Overview

White copy—completed in copy center and returned to originator upon job completion

THIS PAGE INTENTIONALLY LEFT BLANK

MISCELLANEOUS

THIS PAGE INTENTIONALLY LEFT BLANK

Form W-9 — Sample Form

Form W-9 (Rev. January 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
--	---	---

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	JASON JONES	1a
Business name, if different from above		1b
Check appropriate box: <input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		1c
Address (number, street, and apt. or suite no.)	1600 PENNSYLVANIA AVENUE	1d
City, state, and ZIP code	WASHINGTON, DC 20202	1e
List account number(s) here (optional)		

Exempt from backup withholding ☐

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

	2 Social security number <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: small;"> 555555555 </div>
or	
	Employer identification number <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: small;"> + </div>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person Jason Jones	3	Date 12/1/04
------------------	---	---	---

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

Cat. No. 10231X
Form **W-9** (Rev. 1-2005)

Form W-9 — Instructions

WHY DO WE USE THE FORM W-9?

This form is to be used to set up individuals/sole proprietors, corporations, and partnerships (not state employees) so they can be paid out of the statewide accounting system.

WHEN DO WE USE THE FORM W-9?

This form is only necessary if the payee is not currently on the statewide accounting system (either because the SDE has never made a payment to the vendor or has not made a payment to the vendor in the last year). A new Form W-9 is required if there is a name change, such as someone getting married.

HOW DO WE COMPLETE THE FORM W-9?

1. The payee must fill in the **top portion** of the form which includes:
 - a. Name (as shown on tax return)
 - b. Business Name (if different from Name)
 - c. Payee status, indicated by checking the appropriate box
 - d. Address
 - e. City, State, Zip
2. **Part I** must be completed with a Social Security Number for an individual or Employer Identification Number for a business.
3. **Part II** must be signed and dated by the payee.

IMPORTANT: The information must match exactly to the IRS Federal listings (i.e. SSN and Name) or payments can NOT be processed.

NOTE: Pages 2 through 4 of the Form W-9 are not required for SDE receipt. These are instruction pages only (and are not shown on sample provided).

Postal Charge Form — Sample Form

STATE DEPARTMENT OF EDUCATION
POSTAL CHARGE FORM

PURPOSE: This form is to be completed when mailing more than 10 items of a similar nature in a day.

Date: 11/16/05 ¹ Staff Member: John Doe ³
Submitted by: Susan Smith ² Ext. 6874 Index Code: 0001 ⁴

Quantity	Envelope (#10, #93, etc.)	To Whom Sent	Material Sent
150 ⁵	#93 ⁶	School District Superintendent, Charter Schools and Misc. ⁷	Information and agenda for ABC Conference ⁸

Type of Mailing: ⁹

First Class X
Bulk Rate
Cheapest Rate
Other

To be Completed by Postal Services:\$ Date: **Copy Distribution:** ¹⁰

White and Yellow: Submitted with mailing
Yellow: Returned to originator
White: Forwarded to Accounting Section

Revised 4/2005

Postal Charge Form — Instructions

WHY DO WE USE THE POSTAL CHARGE FORM?

This form is used so that as much of the mailing costs as possible can be charged to each specific program.

WHEN DO WE USE THE POSTAL CHARGE FORM?

This form is to be completed when mailing more than 10 items of a similar nature in a day. It should also be used when sending certified mail, boxes, packages, DHL, Fedex, UPS, etc.

HOW DO WE COMPLETE THE POSTAL CHARGE FORM?

This form includes the following areas that need to be completed:

1. Date of mailing
2. Name and phone extension of person who will be submitting this document and mail pieces to the Mail Room.
3. Name of SDE Employee who requested the mailing.
4. STARS index code in which the mailing costs will be charged.
5. Number of mail pieces in the mailing. All mail pieces should be the same size and weight.
6. Size of mail piece. This could be documented as a specific envelope size or box size.
7. To Whom Sent: This may be a general description of the group that will be receiving the mailing (principals, superintendents, committee members, workshop participants, etc.).
8. Material Sent: Should be a brief description of package contents.
9. Type of mailing requested.
10. Distribution information: Once the mailing has been processed through the state mail system, the yellow copy will return to the originator with the dollar amount of the mailing. The white copy will return to Accounting for charges to be applied to the specific program.

NOTE: If you have a large mailing that contains several boxes or mail trays, please call the Mail Room at 332-1950 for a special pick up.

Novell GroupWise 6.5

WHY DO WE USE GROUPWISE?

- a. We are current with our Novell Licensing needs. It would be cost prohibitive to move to another email application program.
- b. There are fewer virus programs written specific to GroupWise (GW) when compared to other email applications; therefore we are a lot safer using GW.
- c. GW email is better encrypted for the prevention of everyday hacking when compared to other email applications.

WHEN DO WE USE GROUPWISE?

GW software is utilized for various reasons, some of which are stated below:

- a. To send and receive **emails**.
- b. To develop **Address books** with specific groups of interest for ease of use in business communications.
- c. To maintain or schedule meetings, tasks, notes, sharing of public appointments with flexibility for the appropriate viewing needs of department personnel, using GW calendaring.
- d. To schedule **meetings** by utilizing the “**Busy Search**” feature.
- e. To **reserve resources** using GW’s ‘Busy Search’ feature. For example, laptops and certain specific conference rooms located at SDE.
- f. To organize the influx of emails received using **System Folders** such as **Mailbox, Sent Items, Calendar, Trash, Contact, and Cabinet**.

HOW DO WE USE GROUPWISE?



GroupWise.Ink

Figure 1

On your desk top you will find an Icon that looks like Figure 1 above. Double click on it to open the login screen for GroupWise. You may also left click on the **Start** button in the lower right hand corner of your screen. This will open the Start Menu. In this Menu will be an icon like fig 1 with the words by it saying **E-mail** or **GroupWise 6.5**. Double click on it. Your GroupWise login Screen will come up. You will need to enter your user name if it is not already there, and then go to the password section and enter your password. First time users will get another screen after the password is entered to ask you to change your password. Please change your password to something you will remember of at least 8 characters in length, and with at least one numeral in it. You will be required to verify the new password you just entered.

It should then bring you to a screen that looks something like this below (Figure 2)

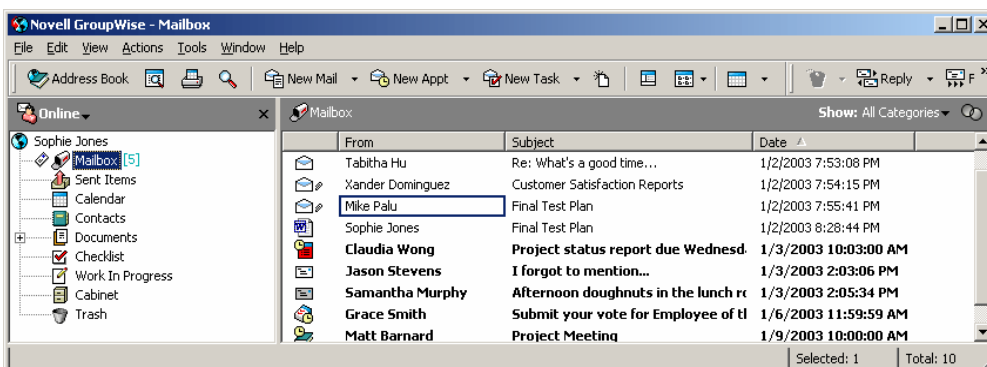


Figure 2

To send an email left click on the **New Mail** icon. The From: is filled in with your name, you need to fill in the To: by using a valid email address or addresses. You can mail to many recipients by just continuing to add to the To: line. Fill in the Subject: and then drop down into the content of the email body and begin to type in your message. Below the content area is the area where you add attachments. Right click in that area and follow instructions. **Attach File**, a paperclip icon on the top of your screen, will take you to your Explorer folder list to search for a file to attach. Double click on your file and it will attach to your email (Figure 3).

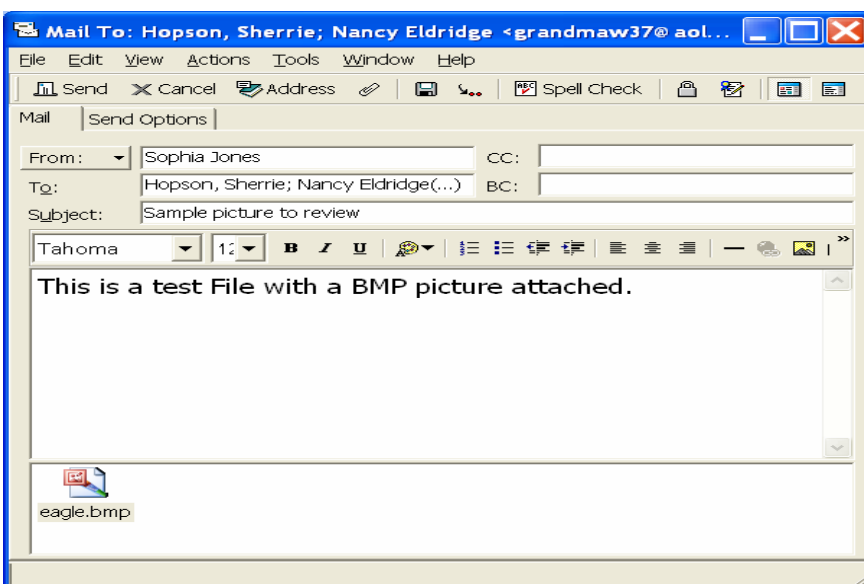


Figure 3

GroupWise has a great **Help** feature with many Guides to help you become familiar with the use of this feature. The Novell **GroupWise 6.5 Windows Client User Guide** explains how to use the GroupWise Windows client. The guide is divided into many useful sections.

Using a Calendar is one section of the user guide.

Attached is a section from the Help or GroupWise Windows Client User Guide.

Using your Calendar

You can view your schedule in a variety of views or formats, including day, week, month, year, task list, project planner, and multi-user. For example, the month view lets you view a month's schedule, while the Multi-User view lets you view, compare, and manage the schedules of multiple users or resources to whose calendars you have proxy rights. Many types of calendar views and printouts are available to let you choose the one that displays the information you need.

Viewing Your Calendar

Opening the Calendar Folder or a Calendar View

The calendar view in the folder list has a toolbar that provides access to several calendar view options. You can add more buttons to the calendar toolbar and configure them however you want. The view that is displayed when you exit your calendar will be displayed when you open the calendar folder again.

Click **Calendar folder** in the list of folders; click the buttons on the calendar toolbar to choose different views. For instance, **<31>** will bring up a Monthly view (Figure 4), **<7>** a Weekly view (Figure 5), and **<1>** a Daily view.

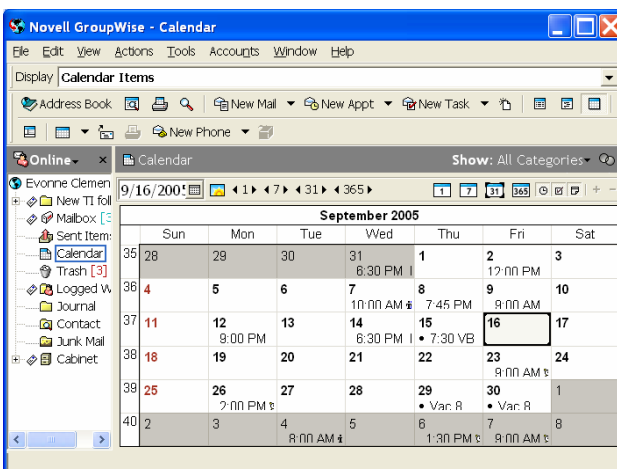


Figure 4

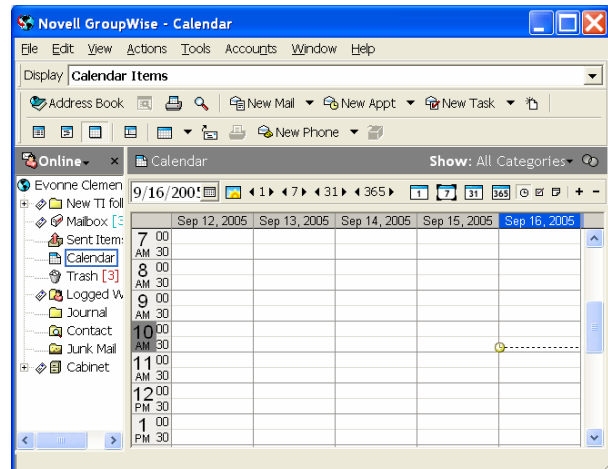


Figure 5

To add information to the calendar just double click on the day / or time, begin entering your information.

Or right click and select New then select any of the appropriate categories, Appointment > Posted Appointment>Task> Posted Task> Reminder Note or Posted Reminder Note.

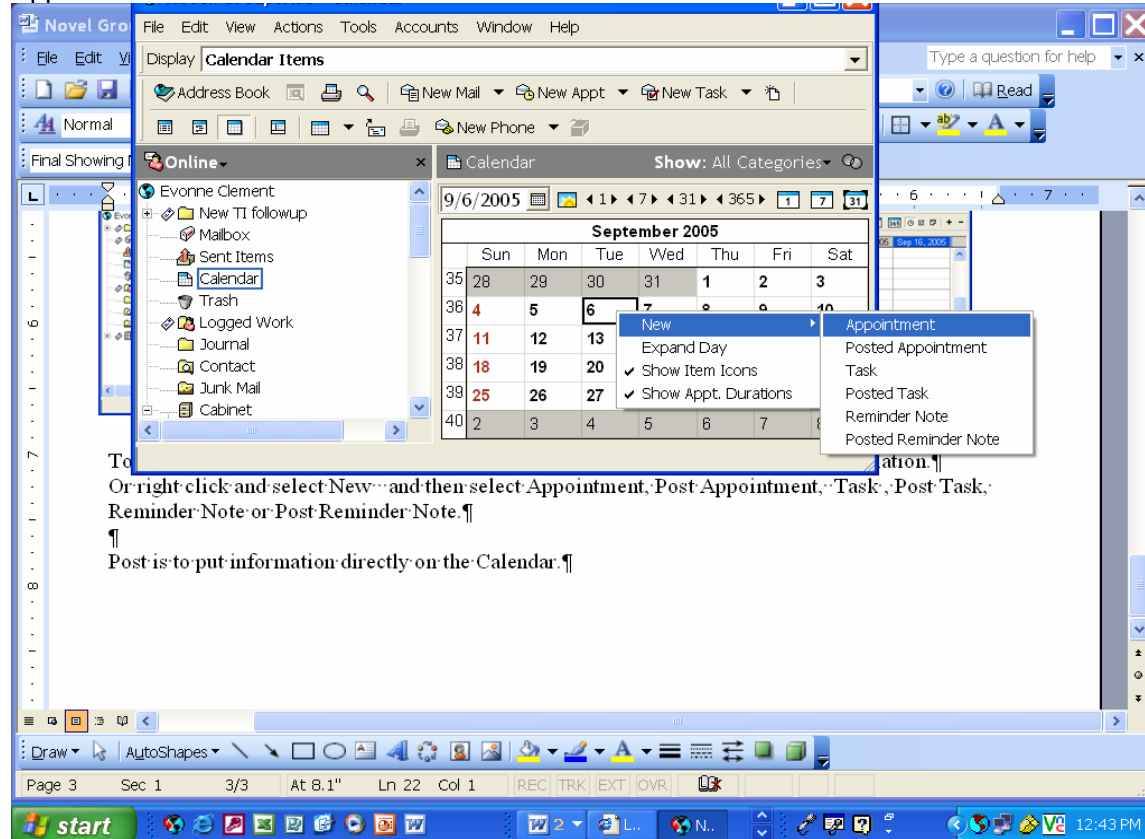


Figure 6

Appointments

(Figure 6) Anything you want to add. You can add a start time... and length of appointment per day or add the same appointment to many days. To add the same appointment to many days, use the **Select Recurring...** feature under any of the Date menus (Figure 7).

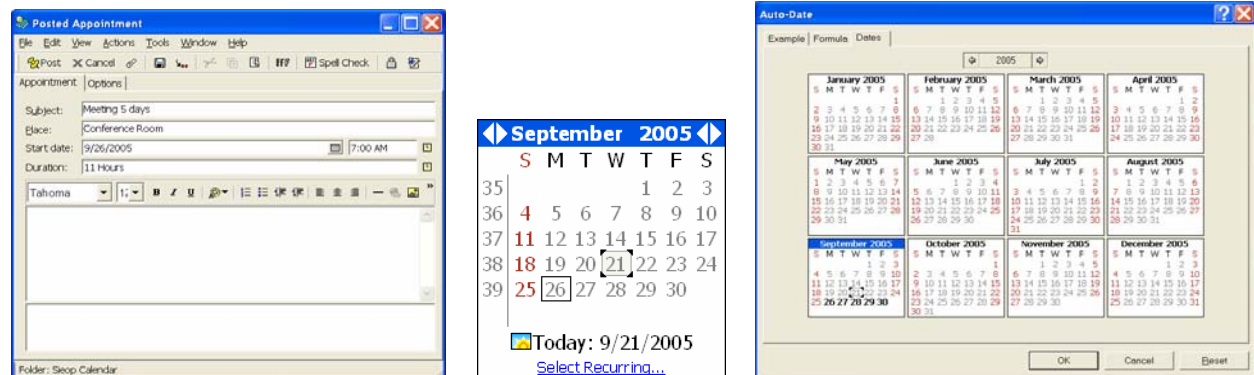


Figure 7

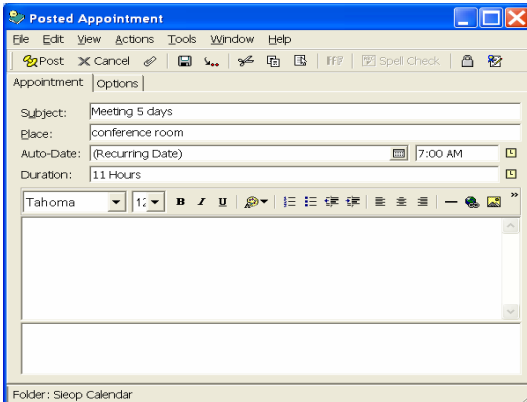


Figure 8

Posted Appointment (Figures 7 & 8) is used to put information directly on the Calendar.

Task (Figure 9) is a check box of a Task. If you make the due date in the future, the task will automatically move from day to day until the task is completed. On completion you put a check in the box and it stays on that day till deleted. If the task goes past the due date the task will change from **black** to **red**, indicating that the task is overdue.

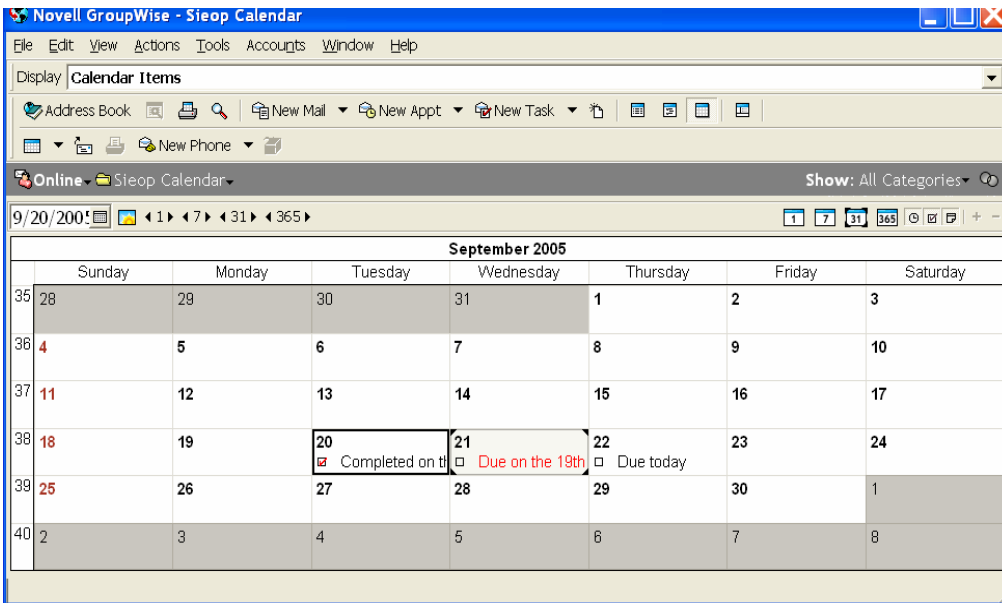


Figure 9

Notes are just that: notes to yourself or notes you can send to others just as you can appointments and tasks (Figure 9).

There are many options to print your calendar, by day, week, or month. You may print your calendar in more than one format – a single month at a time or by multiple months. You can print Appointments, Tasks, or Notes by checking the appropriate print boxes. Start by choosing **File > Print Calendar > Form > Format** and pick any of the following options -Expandable, Franklin, or the Rolling Month.

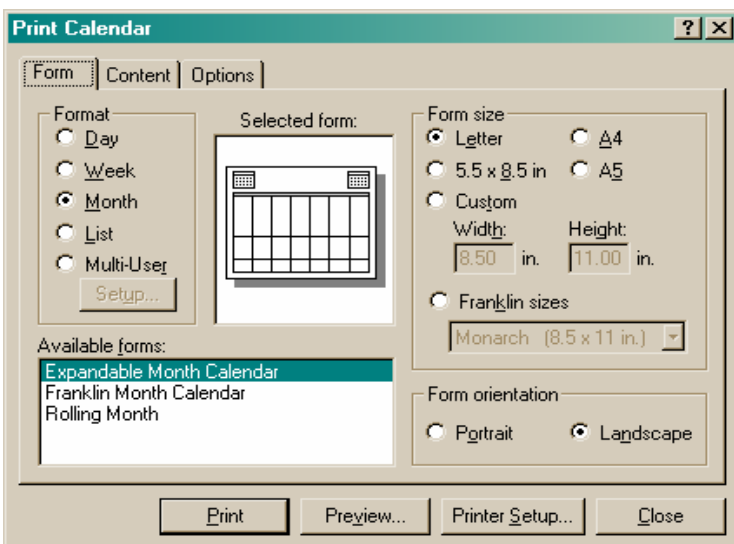


Figure 10

Under Content tag, you select the Content you would like to display on your calendar by placing a check in the appropriate box, the number of months you want to print, and how you want it displayed.

Using the email calendar to do a Busy Search

Tools > Busy Search > Invite to Meeting. You will view the following screens (Figures 11 & 12).

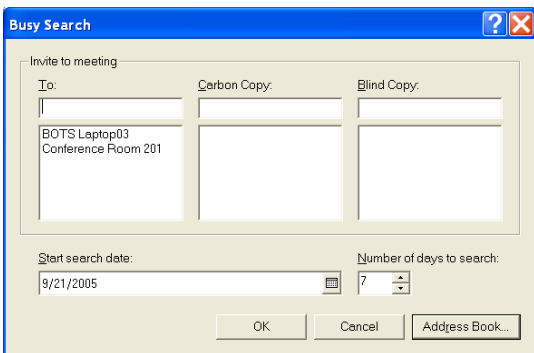


Figure 11

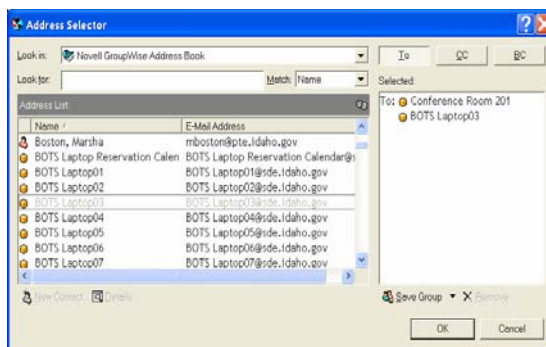


Figure 12

On the Invite to meeting, select from the address book who or what you want to search for (for example, Conference Room availability, Laptop reservations, or just to get a group of people together with no conflicts). To make this work, however, everyone must use the calendar to mark their appointments, Travel, or Out of Office times.

After you select all your invitees and enter them into the box below To: just enter or return after each name or resource. Select a Start Search Date.

This date can be any date in the future. If you are unsure of the day you are looking for, you can click on the little calendar icon to the right of the 'start search date: box'. Then add the number of dates to search. This can be anywhere from 1 to infinity. Click OK. This brings up the next box (Figure 13).

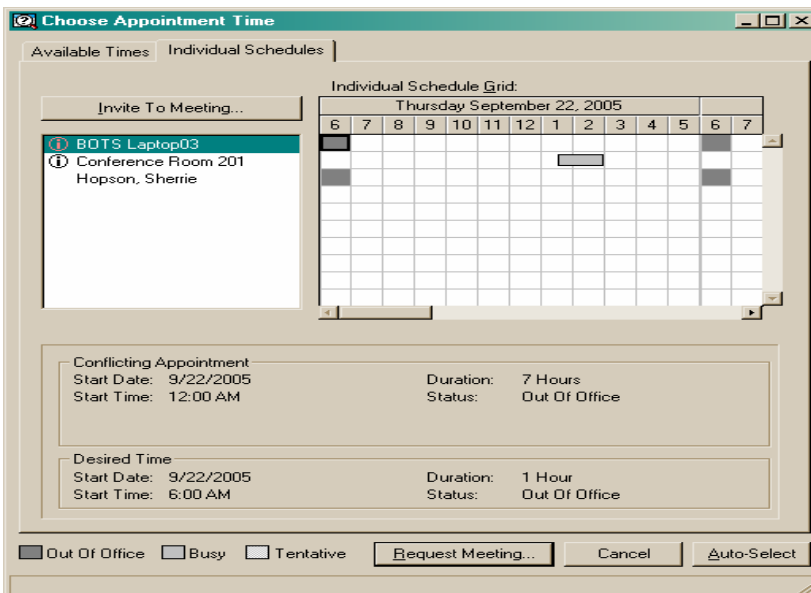


Figure 13

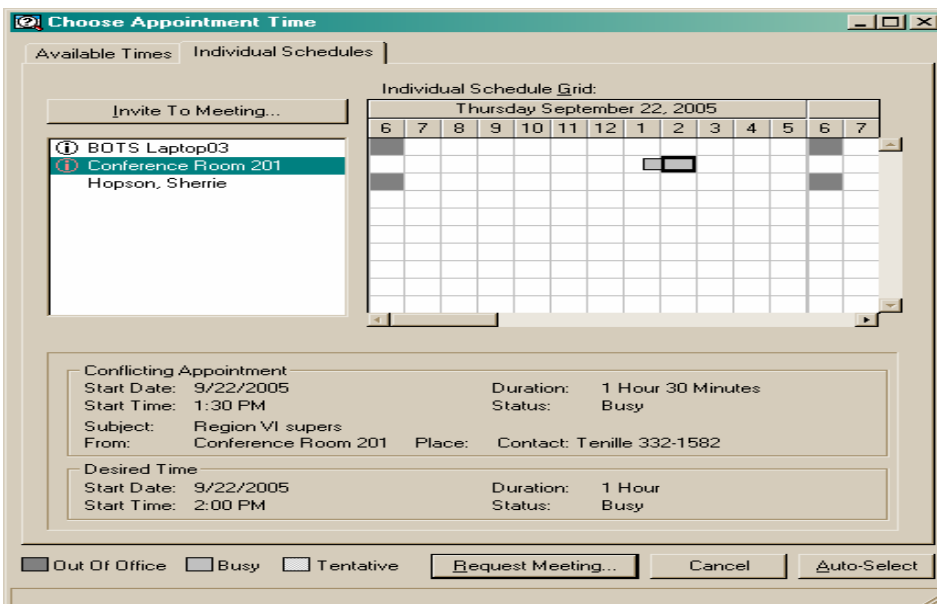


Figure 14

Choose Appointment Time

This shows the individual schedules (Figure 14). On 09/22/05 it shows Conference Room 201 is available from 7am to 12:45pm, busy 5am to 6am, and again available from 3pm to 5pm.

Scroll horizontally across the calendar by clicking on the < left or > right arrows. This allows you to view all the days you requested on the calendar for availability of the chosen resources.

If a chosen resource becomes unavailable and you would like to see who the owner of this resource is, click on the busy bar (gray color) (Figure 14) and the details will show up below where the **Start Time** is located.

The next step is to **Request Meeting** (Figures 15 & 16)

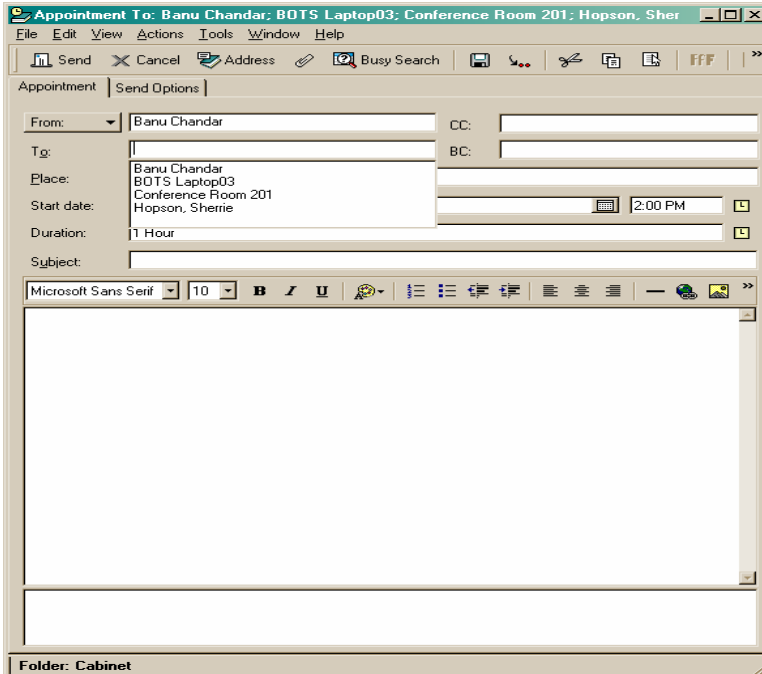


Figure 15

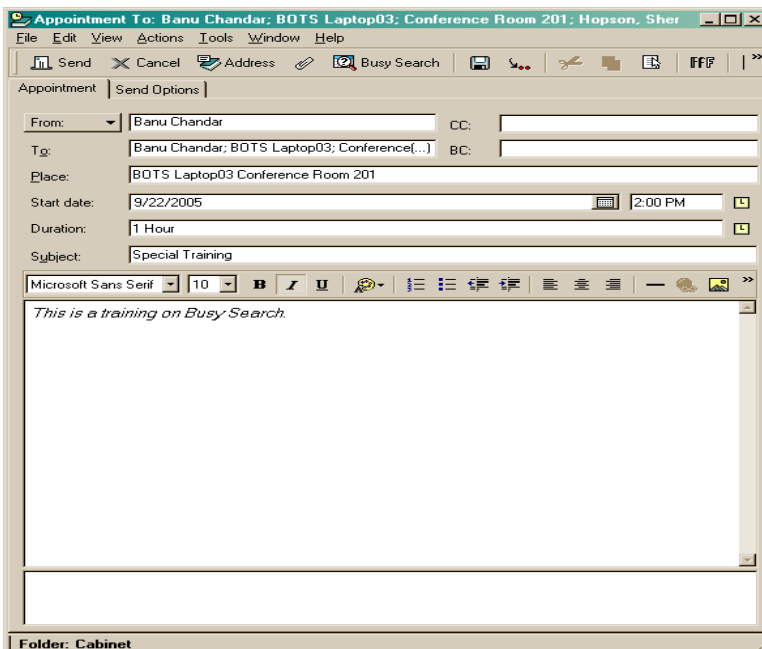


Figure 16

(Figure 15) is the result of choosing Request Meeting. (Figure 16) is after you enter the Actual Date (Time, Duration) and Subject. It will always include yourself in the To: This is good because it will

mark your calendar, too, after you send and accept the Appointment. People will either accept or reject your appointment. If they accept, it will post to their calendar. If they reject, they can send you a reason as to why they rejected your appointment. This rejection will not get posted to their calendar.

The laptop and conference rooms will send you a reply with accepted or rejected in the subject line. If accepted, that means you have scheduled that resource. If rejected, it means that that resource is busy.

Next choose "Send". This will start the process rolling.

If you need further help with GroupWise, remember to use the Help feature with the Guides and become familiar with more GW information and its uses.

Send an email address to "HelpDesk" or call the Help Desk at 332-6923 if you are still unable to fix your problem.

Procedure for Receipting Funds

WHY?

At any time, funds may be coming into the agency for conference registrations, user fees and other miscellaneous fees. State policy requires the deposit of these funds nightly, especially if the deposit is \$200 or more.

WHEN?

Funds are to be deposited with the accounting section daily prior to 4:00 p.m.

HOW?

When checks and/or cash are received in the different sections of the agency, they are to be presented to the accounting section daily. An attachment must indicate where the funds are to be deposited; this attachment may be a software-generated slip, a section-specific attachment, or a handwritten attachment. The format of the slip is not important. What is important is that it indicates exactly where the funds should go.

The funds will be deposited with the State Treasurer's office the following morning. The person who brought the funds over the day before will receive back a white deposit slip indicating where the funds were deposited.

It is important that these receipts are reconciled monthly with the state accounting system's transaction listing to ensure that the deposit of funds has been handled correctly. This reconciliation will allow monitoring of data entry errors as well as provide assurance that the funds were not deposited into the wrong account.

Signature Process

TRAVEL REQUEST

In-State Travel

- Once signed by the traveler, **requires** the original signature of the traveler's immediate supervisor or the original signature of the next level of authority assuming the immediate supervisor is not available. Does not require the original signature of the traveler.

Out-of-State Travel

- Once signed by the traveler, **requires** the original signature of the traveler's immediate supervisor or the original signature of the next level of authority assuming the immediate supervisor is not available. Does not require the original signature of the traveler.
- **Also requires** the original signature of the State Superintendent, or the Chief Deputy Superintendent, or the Deputy Superintendent.

DISCRETIONARY USE FORM

- Only requires the original signature of the traveler, but must accompany the Travel Request Form as the Travel Request Form goes through the signature process.

TRAVEL REIMBURSEMENT

Department Employees: In-State and Out-of-State Travel

- **Requires** the original signature of the traveler, and **requires** the original signature of the traveler's immediate supervisor or the original signature of the next level of authority, assuming the immediate supervisor is not available.

Non-state Employees: In-State and Out-of-State Travel

- **Requires** the original signature of the traveler, and **requires** the original signature of the program manager or the original signature of the next level of authority, assuming the program manager is not available.

MEMORANDUM OF AGREEMENT

- **Requires** approval by the Deputy Attorney General assigned to the SDE before being signed by the contractor or any of the approvers.
- **Must have all original signatures of approvers.** Once signed by the contractor, should have the signature of the program manager, but **requires** the signature of the Bureau Chief, and **requires** the signature of the State Superintendent, or the Chief Deputy Superintendent, or the Deputy Superintendent.

PURCHASE ORDER

Under \$300

- The "Originator" is the person who generates the purchase order (types and runs it on NCR paper).
- The form **requires** the signature of the immediate supervisor of the person for whom the goods are intended. If the immediate supervisor is unavailable, **requires** the original signature of the next level of authority.

MISCELLANEOUS

Over \$300 but under \$15,000

- Same steps as for purchase orders under \$300.
- In addition, **requires** the original signature of the appropriate Bureau Chief.

Over \$15,000

- Same steps as for purchase orders over \$300 but under \$15,000.
- In addition, **requires** the original signature of the Superintendent, or Chief Deputy Superintendent or the Deputy Superintendent.

TIMESHEETS, LEAVE REQUESTS, & COMPENSATORY TIME

- Time sheets are completed on-line. The employee's supervisor approves leave requests and compensatory time requests via e-mail, and approves timesheets on-line for submission to the Department's payroll office.
- Compensatory time must be requested by e-mail and approved prior to the anticipated overtime work, with a separate request for each pay period.

DIRECT BILL FORM

- **Requires** the original signature of the program manager.

PAYMENT REQUEST

- This form is typically used to authorize payment to school district/university/nonprofit entities.
- This **requires only** the original signature of the program manager.
- The Bureau Chief may or may not want to have additional oversight for this form. This will vary in each bureau, as set by the Bureau Chief.

CHANGE OF ITINERARY FORM

- Does not require the original signature of traveler. **Requires** the original signature of the employee's supervisor or the original signature of the next level of authority, assuming the supervisor is not available.

FEE WAIVER REQUEST

- **Requires** the original signature of the employee (even if the employee's spouse is applying for the waiver), and the original signature of the employee's supervisor or the original signature of the next level of authority, assuming the supervisor is not available.
- **Requires** the approval of the Human Resources Specialist or Chief Accountant as to the eligibility of the agency employee and/or spouse for the waiver.
- **Requires** the original signature of the State Superintendent, or the Chief Deputy Superintendent, or the Deputy Superintendent.

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DESK MANUAL

Federal law prohibits discrimination on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status in any educational programs or activities receiving federal financial assistance. (Title VI and VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.)

It is the policy of the Idaho State Department of Education not to discriminate in any educational programs or activities or in employment practices.

Inquiries regarding compliance with this nondiscriminatory policy may be directed to State Superintendent of Public Instruction, P.O. Box 83720, Boise, Idaho 83720-0027, (208) 332-6800, or to the Director, Office of Civil Rights, Seattle Office, U.S. Department of Education, 915 Second Avenue Room 3310, Seattle WA 98174-1099; Telephone: (206) 220-7900; FAX: (206) 220-7887, TDD: (206) 220-7907, Email: OCR_Seattle@ed.gov